



2019 Prescription Drug List

Effective January 1, 2019



Formulary Introduction

SUMMARY OF FORMULARY BENEFITS

The information in this document is designed to help you understand the prescription drug benefits offered under this plan and to compare these benefits to those offered by other plans. Information contained in this summary is designed to help you compare both the value and scope of formulary benefits.

HOW TO FIND INFORMATION ON THE COST OF PRESCRIPTION DRUGS

To find the cost of your prescription please visit <https://ambetter.superiorhealthplan.com/resources/pharmacy-resources.html>. In the Drug Cost Tool please select the plan in which you are participating (planning to participate) and enter medications that you are taking. The tool will provide you an approximate cost of your prescriptions, excluding any deductible or maximum out of pocket requirements. The tool uses median cost for generic prescriptions and actual allowed cost for branded products. If the total medication cost is less than the co-pay that you would pay for that Tier you will be responsible only for the lesser of amount.

FORMULARY BY HEALTH BENEFIT PLAN

Plan	Formulary	Summary of Benefits and Coverage
Ambetter Secure Care 1 (2019) with 3 Free PCP Visits	Standard Formulary	https://ambetter.superiorhealthplan.com/2019-brochures.html?plan=SecureCare
Ambetter Balanced Care 1 (2019)	Standard Formulary	https://ambetter.superiorhealthplan.com/2019-brochures.html?plan=BalancedCare
Ambetter Balanced Care 2 (2019)	Standard Formulary	https://ambetter.superiorhealthplan.com/2019-brochures.html?plan=BalancedCare
Ambetter Balanced Care 3 (2019)	Standard Formulary	https://ambetter.superiorhealthplan.com/2019-brochures.html?plan=BalancedCare
Ambetter Balanced Care 4 (2019)	Standard Formulary	https://ambetter.superiorhealthplan.com/2019-brochures.html?plan=BalancedCare
Ambetter Balanced Care 5 (2019)	Standard Formulary	https://ambetter.superiorhealthplan.com/2019-brochures.html?plan=BalancedCare
Ambetter Balanced Care 11 (2019)	Standard Formulary	https://ambetter.superiorhealthplan.com/2019-brochures.html?plan=BalancedCare
Ambetter Essential Care 1 (2019)	Standard Formulary	https://ambetter.superiorhealthplan.com/2019-brochures.html?plan=EssentialCare
Ambetter Balanced Care 1 (2019) + Vision	Standard Formulary	https://ambetter.superiorhealthplan.com/2019-brochures.html?plan=BalancedCare
Ambetter Balanced Care 2 (2019) + Vision	Standard Formulary	https://ambetter.superiorhealthplan.com/2019-brochures.html?plan=BalancedCare
Ambetter Balanced Care 3 (2019) + Vision	Standard Formulary	https://ambetter.superiorhealthplan.com/2019-brochures.html?plan=BalancedCare

DRUG BY COST-SHARING TIER

Tier	Percent of drugs in each cost-sharing tier:
0	6%
1	84%
2	2%
3	3%
4	5%

HOW PRESCRIPTION DRUGS ARE COVERED UNDER THE PLAN

A) FORMULARY COMPOSITION:

- a. Ambetter formulary is guided by the principle of offering widest possible access to drugs at the lowest cost. With that in mind, we start with the Affordable Care Act mandated benchmark. We then review the formulary for addition of other clinically necessary and appropriate drugs. Ambetter's formulary is considered a closed formulary. This means that any drug not found in the formulary requires prior authorization. To make sure that our members always have access to appropriate drugs, we review and update our formulary on a monthly basis.

B) RIGHT TO APPEAL

- a. If we deny your request for Prior Authorization you have 180 days from being denied coverage for a drug to file an appeal, and your appeal will be resolved within 30 days. In the event that your appeal is successful, non-specialty non-formulary drugs will be covered at your Tier 3 cost-share (co-pay or co-insurance) and specialty non-formulary drugs will be covered at your Tier 4 cost-share (co-pay or co-insurance). Please consult your individual Summary of Benefits and Coverage for additional information on your cost-share. All other provisions of your benefit, such as deductibles and maximum out of pockets, apply to formulary and non-formulary drugs that have been provided through an appeal.

C) CONTINUATION OF COVERAGE

- a. Ambetter does not make changes to our formulary requiring a continuation of coverage. However, if a formulary change is made requiring a continuation of coverage, you would have the right to continue taking the drug at the coverage level or tier at which the drug was covered at the beginning of the plan year until your plan is renewed.

D) OFF-LABEL DRUG USE

- a. We provide coverage for off-label drug use. Off-label use indicates medication use that has not been FDA approved for that condition. Coverage of a product under off-label use policy requires that the following must be true:
 - i. Use must be diagnosis specific as defined by ICD-10 code AND
 - ii. Off-label use must be supported by one major multi-site study or three smaller studies published in a reputable medical journal, peer reviewed specialty medical journal, or listed in reputable compendia.

E) COST SHARING

- a. Cost sharing is your monetary participation in your care. You will need to know few items to determine the cost-share you are responsible for. Knowing the following items will help you estimate the cost you'll be responsible for at any given time: how much of your deductible you have already paid, how much deductible

remains, what drug you are prescribed, and your maximum out of pocket allowance. All those items, with the exception of the tier, can be obtained from the Summary of Benefits and Coverage (see links above). To obtain the tier for your drug please consult the Formulary. To determine your cost share please follow those steps:

- i. Determine the tier that the drug/product you are filling is listed under by consulting the Formulary.
 - ii. Once you have determined the tier, utilize the Summary of Benefits and Coverage (SBC) document to determine what cost-share will apply to your selected drug/product.
 - iii. If you have not met your deductible, you will be responsible for the full cost of the drug until you meet your deductible.
 - iv. If you have met your deductible, but not the Maximum Out of Pocket, you will be charged a copay for drugs that are assigned a copay under your SBC and co-insurance for drugs that are assigned a co-insurance under your SBC. Generally, you will pay one (1) co-pay for each 30 day supply of medication. Two co-pays will be charged for 2 month supply and three co-pays for 3 month supply of your medication, respectively.
 - v. To determine the cost for co-insurance drugs/products, please utilize our online drug search tool. Please see section: **“HOW TO FIND INFORMATION ON THE COST OF PRESCRIPTION DRUGS”** above.
- b. Please be aware that pharmacy claims will only process if you present your prescription to an in-network pharmacy. Out-of-network claims will not be covered. To find an in-network-pharmacy close to you please consult our Find a Provider tool available on our website under Pharmacy Resources.
- c. Your cost share for maintenance medications obtained through either Mail Order or at retail pharmacies participating in our Extended Day Supply retail network will be calculated based on the day supply that you obtain. For up to 30 day supply you will be charged one (1) copay or co-insurance, 31 to 60 day supply you will be responsible for two (2) copays or co-insurance and for day supply greater than 60 but less than 91 you will be charged three (3) copays or co-insurance.

F) MEDICAL MANAGEMENT REQUIREMENTS

- a. Prior Authorization (PA) – Drugs that have PA indication on the Formulary require Prior Authorization. You or your provider have to request an authorization from us to use this drug/product prior to be able to fill a prescription for the drug/product.
- b. Step Therapy (ST) – Drugs that have ST indication on the Formulary require that you try and fail other formulary products before you can obtain the drug/product. When your provider does not feel that trying another product is appropriate your provider or you can submit a regular Prior Authorization request to obtain the Step Therapy drug/product.
- c. Quantity Limit (QL) – Drugs that have QL indication on the Formulary are limited to the quantity indicated. Those quantity limits are based on the FDA approved maximum doses. If your provider would like to request exception to those limits he/she may submit a Prior Authorization request. All request requested for quantity limit exemptions will be processed under our Off-Label policy.
- d. Non-Formulary Drugs – Drugs not found on this formulary are considered non-formulary drugs. To obtain non-formulary drugs your provider would have to submit a regular Prior Authorization request. All request for Non-Formulary Drugs will be reviewed under our Non-Formulary Drug Request Policy.

STANDARD FORMULARY

The Ambetter from Superior Health Plan 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.

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 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 four Tier plan, these drugs may be covered under Tier 3.

Formulary Abbreviations:

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

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

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

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

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

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Drug Name	Drug Tier	Requirements/ Limits
METHYLPHENIDATE HYDROCHLORIDE ER TB24 36 MG, 54 MG	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>)	NF	PA; QL(1 ea daily); AL(At least 17 yrs old)
PROVIGIL TABS 100 MG (<i>Use Modafinil</i>)	NF	PA; QL(1 ea daily); AL(At least 16 yrs old)
PROVIGIL TABS 200 MG (<i>Use Modafinil</i>)	NF	PA; QL(2 ea daily); AL(At least 16 yrs old)
RITALIN LA CP24 20 MG, 40 MG (<i>Use Methylphenidate HCl</i>)	NF	AL(At least 6 yrs old)
RITALIN LA CP24 30 MG (<i>Use Methylphenidate HCl</i>)	NF	QL(3 ea daily); AL(At least 6 yrs old)
RITALIN TABS 10 MG, 20 MG (<i>Use Methylphenidate HCl</i>)	NF	QL(5 ea daily); AL(At least 6 yrs old)
RITALIN TABS 5 MG (<i>Use Methylphenidate HCl</i>)	NF	QL(6 ea daily); AL(At least 6 yrs old)
ALLERGENIC EXTRACTS/BIOLOGICALS MISC		
Allergenic Extracts		
GRASTEK SUBL	3	PA
Biologicals Misc		
ADAGEN SOLN	4	PA; SP
AMEBICIDES		
Amebicides		

Drug Name	Drug Tier	Requirements/ Limits
SOLOSEC PACK	3	PA
AMINOGLYCOSIDES - Drugs to Treat Bacterial Infections		
Aminoglycosides		
<i>amikacin sulfate soln</i>	1	
<i>gentamicin in saline soln</i>	1	
<i>gentamicin sulfate soln 40 mg/ml</i>	1	
GENTAMICIN SULFATE/0.9% SODIUM CHLORIDE SOLN 0.9%-0.9MG/ML, 0.9%-1.4MG/ML	1	
<i>neomycin sulfate tabs</i>	1	
<i>paromomycin sulfate caps</i>	1	
STREPTOMYCIN SULFATE SOLR	3	
TOBI NEBU (<i>Use Tobramycin</i>)	NF	PA
<i>tobramycin nebu</i>	4	PA
TOBRAMYCIN SULFATE SOLN 10 MG/ML	1	
<i>tobramycin sulfate soln 40 mg/ml, 80 mg/2ml</i>	1	
ANALGESICS - ANTI-INFLAMMATORY - Drugs to Treat Pain, Swelling, Muscle and Joint Conditions		
Anti-TNF-alpha - Monoclonal Antibodies		
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK PSKT 40 MG/0.8ML	4	PA; SP
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK PSKT 80 MG/0.8ML,	4	PA;
HUMIRA PEN PNKT 40 MG/0.4ML	4	PA;
HUMIRA PEN PNKT 40 MG/0.8ML	4	PA; SP

Drug Name	Drug Tier	Requirements/Limits
HUMIRA PEN-CD/UC/HS STARTER PNKT 40 MG/0.8ML	4	PA; SP
HUMIRA PEN-CD/UC/HS STARTER PNKT 80 MG/0.8ML	4	PA;
HUMIRA PEN-PS/UV STARTER PNKT	4	PA;
HUMIRA PEN-PS/UV STARTER PNKT	4	PA; SP
HUMIRA PSKT 10 MG/0.1ML, 20 MG/0.2ML, 40 MG/0.4ML	4	PA;
HUMIRA PSKT 10 MG/0.2ML	4	PA; QL(0.0571 ea daily)
HUMIRA PSKT 20 MG/0.4ML	4	PA; QL(0.0571 ea daily); SP
HUMIRA PSKT 40 MG/0.8ML	4	PA; SP
SIMPONI SOAJ 100 MG/ML	4	PA; SP
SIMPONI SOAJ 50 MG/0.5ML	4	PA; QL(0.0179 ml daily); SP
SIMPONI SOSY 100 MG/ML	4	PA; QL(0.357 ml daily); SP
SIMPONI SOSY 50 MG/0.5ML	4	PA; SP
Antirheumatic - Enzyme Inhibitors		
XELJANZ TABS 10 MG	4	PA; QL(2 ea daily)
XELJANZ TABS 5 MG	4	PA; QL(2 ea daily); SP
XELJANZ XR TB24	4	PA; QL(1 ea daily)
Gold Compounds		
RIDAURA CAPS	3	QL(3 ea daily)
Interleukin-1 Blockers		
ARCALYST SOLR	4	PA; QL(0.286 ea daily); SP
Interleukin-1 Receptor Antagonist (IL-1Ra)		
KINERET SOSY	4	PA; SP
Interleukin-6 Receptor Inhibitors		

Drug Name	Drug Tier	Requirements/Limits
ACTEMRA SOLN IV 80 MG/4ML, 200 MG/10ML, 400 MG/20ML	4	PA; SP
ACTEMRA SOSY SC 162 MG/0.9ML	4	PA; QL(0.129 ml daily); SP
Nonsteroidal Anti-inflammatory Agents (NSAIDs)		
ANAPROX DS TABS (<i>Use Naproxen Sodium</i>)	NF	
ARTHROTEC 50 TBEC (<i>Use Diclofenac w/ Misoprostol</i>)	NF	
ARTHROTEC 75 TBEC (<i>Use Diclofenac w/ Misoprostol</i>)	NF	
CELEBREX CAPS (<i>Use Celecoxib</i>)	NF	PA
<i>celecoxib caps</i>	1	PA
CHILDRENS ADVIL SUSP (<i>Use Ibuprofen</i>)	NF	RX/OTC
CHILDRENS MOTRIN SUSP (<i>Use Ibuprofen</i>)	NF	RX/OTC
DAYPRO TABS (<i>Use Oxaprozin</i>)	NF	
<i>diclofenac potassium tabs</i>	1	
<i>diclofenac sodium tb24 or 100 mg</i>	1	
<i>diclofenac sodium tbec or 25 mg, 50 mg, 75 mg</i>	1	
<i>diclofenac w/ misoprostol tbec</i>	1	
EC-NAPROSYN TBEC 500 MG (<i>Use Naproxen</i>)	NF	
<i>etodolac caps 200 mg, 300 mg</i>	1	
<i>etodolac tabs 400 mg, 500 mg</i>	1	
FELDENE CAPS (<i>Use Piroxicam</i>)	NF	
<i>fenoprofen calcium tabs 600 mg</i>	1	ST; QL(4 ea daily)
<i>flurbiprofen tabs</i>	1	
<i>ibuprofen susp 100 mg/5ml</i>	1	RX/OTC

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Drug Name	Drug Tier	Requirements/ Limits
<i>ibuprofen tabs 400 mg, 600 mg, 800 mg</i>	1	
<i>indomethacin caps</i>	1	
<i>indomethacin cpcr</i>	1	
<i>ketoprofen caps 50 mg, 75 mg</i>	1	
<i>ketorolac tromethamine tabs or 10 mg</i>	1	QL(0.667 ea daily)
LODINE TABS (Use <i>Etodolac</i>)	NF	
MECLOFENAMATE SODIUM CAPS 50 MG	1	
<i>mefenamic acid caps</i>	1	ST; Must try ibuprofen. ;QL(5 ea daily)
<i>meloxicam tabs</i>	1	QL(1 ea daily)
MOBIC TABS (Use <i>Meloxicam</i>)	NF	QL(1 ea daily)
<i>nabumetone tabs</i>	1	
NALFON TABS 600 MG (Use <i>Fenoprofen Calcium</i>)	1	ST; QL(4 ea daily)
NAPROSYN SUSP 125 MG/5ML (Use <i>Naproxen</i>)	NF	PA
NAPROSYN TABS 500 MG (Use <i>Naproxen</i>)	NF	
<i>naproxen sodium tabs 550 mg</i>	1	
<i>naproxen susp 125 mg/5ml</i>	1	PA
<i>naproxen tabs 250 mg, 375 mg, 500 mg</i>	1	
<i>naproxen tbec 500 mg</i>	1	
<i>oxaprozin tabs</i>	1	
<i>piroxicam caps</i>	1	
PONSTEL CAPS (Use <i>Mefenamic Acid</i>)	NF	ST; Must try ibuprofen. ;QL(5 ea daily)
<i>sulindac tabs</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
TOLMETIN SODIUM CAPS	1	
TOLMETIN SODIUM TABS	1	
Phosphodiesterase 4 (PDE4) Inhibitors		
OTEZLA TABS	4	PA
OTEZLA TBPK	4	PA
Pyrimidine Synthesis Inhibitors		
ARAVA TABS (Use <i>Leflunomide</i>)	NF	QL(1 ea daily)
<i>leflunomide tabs</i>	1	QL(1 ea daily)
Selective Costimulation Modulators		
ORENCIA SOLR IV 250 MG	4	PA; SP
ORENCIA SOSY SC 125 MG/ML	4	PA; QL(0.143 ml daily); SP
ORENCIA SOSY SC 50 MG/0.4ML, 87.5 MG/0.7ML	4	PA; QL(0.143 ml daily)
Soluble Tumor Necrosis Factor Receptor Agents		
ENBREL MINI SOCT	4	PA;
ENBREL SOLR 25 MG	4	PA; QL(0.286 ea daily); SP
ENBREL SOSY 25 MG/0.5ML	4	PA; QL(0.146 ml daily); SP
ENBREL SOSY 50 MG/ML	4	PA; QL(0.28 ml daily); SP
ENBREL SURECLICK SOAJ	4	PA; QL(0.14 ml daily); SP
ANALGESICS - NonNarcotic - Drugs to Treat Pain, Muscle and Joint Conditions		
Analgesic Combinations		
<i>butalbital-acetaminophen tabs 325mg-50mg</i>	1	
<i>butalbital-acetaminophen-caffeine caps</i>	1	
<i>butalbital-acetaminophen-caffeine tabs</i>	1	
<i>butalbital-aspirin-caffeine caps</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
ESGIC TABS (<i>Use Butalbital-Acetaminophen-Caffeine</i>)	NF	
FIORICET CAPS (<i>Use Butalbital-Acetaminophen-Caffeine</i>)	NF	
FIORINAL CAPS (<i>Use Butalbital-Aspirin-Caffeine</i>)	NF	
Salicylates		
<i>aspirin chew</i>	0	AL(At least 45 yrs old - Up to 79 yrs old)
<i>aspirin tabs</i>	0	AL(At least 45 yrs old - Up to 79 yrs old)
<i>aspirin tbec</i>	0	AL(At least 45 yrs old - Up to 79 yrs old)
<i>diflunisal tabs</i>	1	
DISALCID TABS (<i>Use Salsalate</i>)	NF	
<i>salsalate tabs</i>	1	
ANALGESICS - OPIOID - Drugs to Treat Pain, Muscle and Joint Conditions		
Opioid Agonists		
ACTIQ LPOP (<i>Use Fentanyl Citrate</i>)	NF	PA; QL(4 ea daily)
<i>codeine sulfate tabs 15 mg, 30 mg, 60 mg</i>	1	New starts limited to 7 day supply
CODEINE SULFATE TABS 15 MG, 30 MG, 60 MG (<i>Use Codeine Sulfate</i>)	1	New starts limited to 7 day supply
DEMEROL SOLN IJ 25 MG/ML, 50 MG/ML, 100 MG/ML (<i>Use Meperidine HCl</i>)	NF	
DEMEROL TABS OR 100 MG (<i>Use Meperidine HCl</i>)	NF	New starts limited to 7 day supply;QL(6 ea daily)
DILAUDID LIQD OR 1 MG/ML (<i>Use Hydromorphone HCl</i>)	NF	New starts limited to 7 day supply

Drug Name	Drug Tier	Requirements/ Limits
DILAUDID TABS OR 2 MG, 4 MG, 8 MG (<i>Use Hydromorphone HCl</i>)	NF	New starts limited to 7 day supply;QL(8 ea daily)
DOLOPHINE TABS 10 MG (<i>Use Methadone HCl</i>)	NF	QL(10 ea daily)
DOLOPHINE TABS 5 MG (<i>Use Methadone HCl</i>)	NF	QL(4 ea daily)
DURAGESIC PT72 (<i>Use Fentanyl</i>)	NF	QL(0.34 ea daily)
EMBEDA CPCR	3	PA; QL(2 ea daily)
EXALGO T24A 32 MG (<i>Use Hydromorphone HCl</i>)	2	PA; QL(1 ea daily)
EXALGO T24A 8 MG, 12 MG, 16 MG (<i>Use Hydromorphone HCl</i>)	NF	PA; QL(2 ea daily)
<i>fentanyl citrate lpop bu 200 mcg, 400 mcg, 600 mcg, 800 mcg, 1200 mcg, 1600 mcg</i>	1	PA; QL(4 ea daily)
<i>fentanyl pt72 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr, 100 mcg/hr</i>	1	QL(0.34 ea daily)
<i>hydromorphone hcl liqd or 1 mg/ml</i>	1	New starts limited to 7 day supply
<i>hydromorphone hcl soln ij 10 mg/ml, 50 mg/5ml, 500 mg/50ml</i>	1	
<i>hydromorphone hcl t24a or 32 mg</i>	1	PA; QL(1 ea daily)
<i>hydromorphone hcl t24a or 8mg, 8 mg, 12 mg, 16 mg</i>	1	PA; QL(2 ea daily)
<i>hydromorphone hcl tabs or 2 mg, 4 mg, 8 mg</i>	1	New starts limited to 7 day supply;QL(8 ea daily)
HYDROMORPHONE HYDROCHLORIDE SOLN 10 MG/ML (<i>Use Hydromorphone HCl</i>)	NF	
KADIAN CP24 20 MG, 30 MG, 50 MG, 60 MG, 80 MG, 100 MG (<i>Use Morphine Sulfate</i>)	NF	PA; QL(2 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
LEVORPHANOL TARTRATE TABS	2	New starts limited to 7 day supply
<i>meperidine hcl soln ij 25 mg/ml, 50 mg/ml, 100 mg/ml</i>	1	
MEPERIDINE HCL SOLN OR 50 MG/5ML	1	New starts limited to 7 day supply; QL(500 ml per fill retail)
<i>meperidine hcl tabs or 50 mg, 100 mg</i>	1	New starts limited to 7 day supply; QL(6 ea daily)
<i>methadone hcl conc or 10 mg/ml</i>	1	QL(10 ml daily)
<i>methadone hcl soln ij 10 mg/ml</i>	1	
METHADONE HCL SOLN IJ 10 MG/ML (Use Methadone HCl)	1	
<i>methadone hcl soln or 10 mg/5ml</i>	1	QL(50 ml daily)
METHADONE HCL SOLN OR 10 MG/5ML (Use Methadone HCl)	1	QL(50 ml daily)
<i>methadone hcl soln or 5 mg/5ml</i>	1	QL(100 ml daily)
METHADONE HCL SOLN OR 5 MG/5ML (Use Methadone HCl)	1	QL(100 ml daily)
<i>methadone hcl tabs or 10 mg</i>	1	QL(10 ea daily)
<i>methadone hcl tabs or 5 mg</i>	1	QL(4 ea daily)
<i>methadone hcl tbso or 40 mg</i>	1	QL(2 ea daily)
METHADOSE CONC (Use Methadone HCl)	NF	QL(10 ml daily)
METHADOSE SUGAR-FREE CONC (Use Methadone HCl)	NF	QL(10 ml daily)
<i>morphine sulfate cp24 or 20 mg, 30 mg, 50 mg, 60 mg, 80 mg, 100 mg</i>	1	PA; QL(2 ea daily)
<i>morphine sulfate soln ij 0.5 mg/ml, 1 mg/ml</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
<i>morphine sulfate soln or 10 mg/5ml</i>	1	New starts limited to 7 day supply; QL(100 ml daily)
<i>morphine sulfate soln or 20 mg/5ml</i>	1	New starts limited to 7 day supply; QL(50 ml daily)
<i>morphine sulfate tbcr or 15 mg, 30 mg, 60 mg, 100 mg, 200 mg</i>	1	QL(2 ea daily)
MS CONTIN TBCR (Use Morphine Sulfate)	NF	QL(2 ea daily)
NUCYNTA ER TB12	2	PA; QL(2 ea daily)
NUCYNTA TABS	2	PA; QL(6 ea daily)
OPANA TABS OR 5 MG, 10 MG (Use Oxymorphone HCl)	NF	PA; QL(12 ea daily)
OXYCODONE HCL ER T12A	2	PA; QL(2 ea daily)
<i>oxycodone hcl tabs 5 mg, 10 mg, 15 mg, 20 mg, 30 mg</i>	1	New starts limited to 7 day supply; QL(12 ea daily)
OXYCONTIN T12A	2	PA; QL(2 ea daily)
<i>oxymorphone hcl tabs 5 mg, 10 mg</i>	1	PA; QL(12 ea daily)
<i>oxymorphone hcl tb12 40 mg</i>	1	PA; QL(4 ea daily)
<i>oxymorphone hcl tb12 5 mg, 10 mg, 15 mg, 20 mg, 30 mg, 7.5 mg</i>	1	PA; QL(2 ea daily)
OXYMORPHONE HYDROCHLORIDE ER TB12 40 MG	2	PA; QL(4 ea daily)
OXYMORPHONE HYDROCHLORIDE ER TB12 5 MG, 10 MG, 15 MG, 20 MG, 30 MG, 7.5 MG	2	PA; QL(2 ea daily)
ROXICODONE TABS (Use Oxycodone HCl)	NF	New starts limited to 7 day supply; QL(12 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
SUBSYS LIQD	3	PA
<i>tramadol hcl tabs 50 mg</i>	1	New starts limited to 7 day supply; QL(8 ea daily)
<i>tramadol hcl tb24 100 mg, 200 mg, 300 mg</i>	1	QL(1 ea daily)
ULTRAM ER TB24 (<i>Use Tramadol HCl</i>)	NF	QL(1 ea daily)
ULTRAM TABS (<i>Use Tramadol HCl</i>)	NF	New starts limited to 7 day supply; QL(8 ea daily)
ZOHYDRO ER C12A	3	PA; QL(2 ea daily)
Opioid Combinations		
<i>acetaminophen w/ codeine soln 120mg/5ml-12mg/5ml</i>	1	New starts limited to 7 day supply; QL(75 ml daily)
<i>acetaminophen w/ codeine tabs 300mg-15mg</i>	1	New starts limited to 7 day supply; QL(13 ea daily)
<i>acetaminophen w/ codeine tabs 300mg-30mg</i>	1	New starts limited to 7 day supply; QL(12 ea daily)
<i>acetaminophen w/ codeine tabs 300mg-60mg</i>	1	New starts limited to 7 day supply; QL(6 ea daily)
<i>butalbital-acetaminophen-caffeine w/ codeine caps 300mg-50mg-40mg-30mg</i>	1	New starts limited to 7 day supply
<i>butalbital-acetaminophen-caffeine w/ codeine caps 325mg-50mg-40mg-30mg</i>	1	New starts limited to 7 day supply; QL(6 ea daily)
<i>butalbital-aspirin-caffeine w/cod caps</i>	1	New starts limited to 7 day supply; QL(6 ea daily)
FIORICET/CODEINE CAPS (<i>Use Butalbital-Acetaminophen-Caffeine w/ Codeine</i>)	NF	New starts limited to 7 day supply

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

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Drug Name	Drug Tier	Requirements/Limits
OXYCODONE/IBUPROFEN TABS	1	New starts limited to 7 day supply; QL(1 ea daily)
PERCOCET TABS 5MG-325MG, 10MG-325MG, 7.5MG-325MG (Use Oxycodone w/ Acetaminophen)	NF	New starts limited to 7 day supply; QL(12 ea daily)
REPREXAIN TABS (Use Hydrocodone-Ibuprofen)	NF	PA
tramadol-acetaminophen tabs	1	New starts limited to 7 day supply; QL(8 ea daily)
TYLENOL/CODEINE #3 TABS (Use Acetaminophen w/ Codeine)	NF	New starts limited to 7 day supply; QL(12 ea daily)
TYLENOL/CODEINE #4 TABS (Use Acetaminophen w/ Codeine)	NF	New starts limited to 7 day supply; QL(6 ea daily)
ULTRACET TABS (Use Tramadol-Acetaminophen)	NF	New starts limited to 7 day supply; QL(8 ea daily)
XODOL TABS (Use Hydrocodone-Acetaminophen)	NF	New starts limited to 7 day supply; QL(13 ea daily)
Opioid Partial Agonists		
BUNAVAIL FILM	3	PA
BUPRENEX SOLN (Use Buprenorphine HCl)	NF	
buprenorphine hcl soln ij 0.3 mg/ml	1	
buprenorphine hcl sublingual 2 mg, 8 mg	1	PA; QL(3 ea daily)
buprenorphine hcl-naloxone hcl dihydrate film 8mg-2mg	1	PA; QL(2 ea daily)
buprenorphine hcl-naloxone hcl dihydrate sublingual 8mg-2mg, 2mg-0.5mg	1	PA; QL(3 ea daily)
BUPRENORPHINE PTWK	3	PA; QL(0.143 ea daily)

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

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Drug Name	Drug Tier	Requirements/ Limits
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		
<i>albendazole tabs</i>	1	
ALBENZA TABS (<i>Use Albendazole</i>)	3	
BILTRICIDE TABS (<i>Use Praziquantel</i>)	3	
EMVERM CHEW	2	QL(2 ea daily,6 ea per fill retail,6 ea per fill mail)1 rtl MAX fill,60 rtl day(s) supply,1 mail MAX fill,60 mail day(s) supply,
<i>ivermectin tabs</i>	1	
<i>praziquantel tabs</i>	1	
STROMEKTOL TABS (<i>Use Ivermectin</i>)	NF	

Drug Name	Drug Tier	Requirements/ Limits
ANTI-INFECTIVE AGENTS - MISC. - Drugs to Treat Bacterial Infections		
Anti-infective Agents - Misc.		
<i>bacitracin solr im 50000 unit</i>	3	
FLAGYL TABS 250 MG, 500 MG (<i>Use Metronidazole</i>)	NF	
IMPAVIDO CAPS	3	PA; QL(3 ea daily)
<i>metronidazole tabs or 250 mg, 500 mg</i>	1	
NEBUPENT SOLR	3	
PENTAM 300 SOLR	3	
<i>trimethoprim tabs</i>	1	
XIFAXAN TABS	3	PA; AL(At least 12 yrs old)
Anti-infective Misc. - Combinations		
BACTRIM DS TABS (<i>Use Sulfamethoxazole-Trimethoprim</i>)	NF	
BACTRIM TABS (<i>Use Sulfamethoxazole-Trimethoprim</i>)	NF	
<i>sulfamethoxazole-trimethoprim soln</i>	1	
<i>sulfamethoxazole-trimethoprim susp</i>	1	
<i>sulfamethoxazole-trimethoprim tabs</i>	1	
Antiprotozoal Agents		
ALINIA SUSR	2	
ALINIA TABS	2	
<i>atovaquone susp</i>	1	
MEPRON SUSP (<i>Use Atovaquone</i>)	NF	
Carbapenems		
<i>ertapenem sodium solr</i>	1	

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Drug Name	Drug Tier	Requirements/ Limits
<i>imipenem-cilastatin solr</i>	1	
INVANZ SOLR IJ (Use Ertapenem Sodium)	3	
<i>meropenem solr</i>	1	
MERREM SOLR (Use Meropenem)	NF	
PRIMAXIN IV SOLR (Use Imipenem-Cilastatin)	NF	
Chloramphenicols		
CHLORAMPHENICOL SODIUM SUCCINATE SOLR	4	PA; SP
Cyclic Lipopeptides		
CUBICIN RF SOLR (Use Daptomycin)	NF	
CUBICIN SOLR (Use Daptomycin)	NF	
<i>daptomycin solr 500 mg</i>	1	
Glycopeptides		
FIRVANQ SOLR	2	QL(300 ml per fill retail)
VANCOGIN HCL CAPS (Use Vancomycin HCl)	NF	QL(4 ea daily,40 ea per fill retail)
<i>vancomycin hcl caps or 125 mg, 250 mg</i>	1	QL(4 ea daily,40 ea per fill retail)
<i>vancomycin hcl solr iv 1 gm, 10 gm, 500 mg</i>	1	
Glycylcyclines		
<i>tigecycline solr</i>	1	
TIGECYCLINE SOLR	3	
TYGACIL SOLR (Use Tigecycline)	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>	1	
Lincosamides		
CLEOCIN CAPS OR 75 MG, 150 MG, 300 MG (Use Clindamycin HCl)	NF	
CLEOCIN PEDIATRIC GRANULES SOLR (Use Clindamycin Palmitate Hydrochloride)	NF	
CLEOCIN PHOSPHATE SOLN IJ 9 GM/60ML, 300 MG/2ML, 600 MG/4ML, 900 MG/6ML (Use Clindamycin Phosphate)	NF	
CLEOCIN PHOSPHATE SOLN IV 300 MG/2ML, 600 MG/4ML, 900 MG/6ML (Use Clindamycin Phosphate)	NF	
<i>clindamycin hcl caps</i>	1	
<i>clindamycin palmitate hydrochloride solr</i>	1	
<i>clindamycin phosphate soln ij 150 mg/ml, 300 mg/2ml, 600 mg/4ml, 900 mg/6ml, 9000 mg/60ml</i>	1	
<i>clindamycin phosphate soln iv 150 mg/ml, 300 mg/2ml, 600 mg/4ml, 900 mg/6ml</i>	1	
LINCOCIN SOLN (Use Lincomycin HCl)	NF	
<i>lincomycin hcl soln</i>	1	
Monobactams		
AZACTAM SOLR (Use Aztreonam)	NF	
<i>aztreonam solr</i>	1	
CAYSTON SOLR	4	PA; QL(3 ml daily)
Oxazolidinones		
<i>linezolid susr or 100 mg/5ml</i>	1	
<i>linezolid tabs or 600 mg</i>	1	PA; QL(2 ea daily)

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Drug Name	Drug Tier	Requirements/Limits
SIVEXTRO TABS OR	3	PA
ZYVOX SUSR OR 100 MG/5ML (Use Linezolid)	NF	
ZYVOX TABS OR 600 MG (Use Linezolid)	NF	PA; QL(2 ea daily)
Polymyxins		
<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 0.1 MG/HR, 0.2 MG/HR, 0.4 MG/HR, 0.6 MG/HR (Use Nitroglycerin)	NF	
<i>nitroglycerin cpcr or 9 mg, 2.5 mg, 6.5 mg</i>	1	QL(4 ea daily)
<i>nitroglycerin pt24 td 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr</i>	1	
NITROGLYCERIN SOLN IV 5 MG/ML	1	
<i>nitroglycerin subl sl 0.3 mg, 0.4 mg, 0.6 mg</i>	1	
NITROSTAT SUBL (Use Nitroglycerin)	NF	

Drug Name	Drug Tier	Requirements/Limits
ANTIANGIETY AGENTS - Drugs to Treat Anxiety		
Antianxiety Agents - Misc.		
<i>bupirone hcl tabs 10 mg, 15 mg, 30 mg, 7.5 mg</i>	1	
<i>bupirone hcl tabs 5 mg</i>	1	QL(6 ea daily)
<i>hydroxyzine hcl soln im 50 mg/ml</i>	1	
<i>hydroxyzine hcl syrp or 10 mg/5ml</i>	1	
<i>hydroxyzine hcl tabs or 10 mg, 25 mg, 50 mg</i>	1	
HYDROXYZINE PAMOATE CAPS 100 MG	1	
<i>hydroxyzine pamoate caps 25 mg, 50 mg</i>	1	
<i>meprobamate tabs</i>	1	
VISTARIL CAPS (Use Hydroxyzine Pamoate)	NF	
Benzodiazepines		
<i>alprazolam tabs 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	1	QL(4 ea daily)
<i>alprazolam tb24 0.5 mg, 1 mg, 2 mg, 3 mg</i>	1	
<i>alprazolam tbdp 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	1	
ATIVAN TABS OR 0.5 MG, 2 MG (Use Lorazepam)	NF	QL(3 ea daily)
ATIVAN TABS OR 1 MG (Use Lorazepam)	NF	QL(4 ea daily)
<i>chlordiazepoxide hcl caps</i>	1	
<i>clorazepate dipotassium tabs</i>	1	
<i>diazepam conc or 5 mg/ml</i>	1	
DIAZEPAM SOLN OR 5 MG/5ML	1	
<i>diazepam tabs or 2 mg, 5 mg, 10 mg</i>	1	QL(4 ea daily)
<i>lorazepam conc or 2 mg/ml</i>	1	
<i>lorazepam tabs or 0.5 mg, 2 mg</i>	1	QL(3 ea daily)

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Drug Name	Drug Tier	Requirements/Limits
<i>lorazepam tabs or 1 mg</i>	1	QL(4 ea daily)
<i>oxazepam caps 10 mg, 15 mg, 30 mg</i>	1	
TRANXENE T TABS (<i>Use Clorazepate Dipotassium</i>)	NF	
VALIUM TABS (<i>Use Diazepam</i>)	NF	QL(4 ea daily)
XANAX TABS (<i>Use Alprazolam</i>)	NF	QL(4 ea daily)
XANAX XR TB24 (<i>Use Alprazolam</i>)	NF	
ANTIARRHYTHMICS - Drugs to treat abnormal heart rhythms		
Antiarrhythmics Type I-A		
<i>disopyramide phosphate caps</i>	1	
NORPACE CAPS (<i>Use Disopyramide Phosphate</i>)	NF	
<i>procainamide hcl soln 500 mg/ml</i>	1	
QUINIDINE SULFATE TABS	1	
Antiarrhythmics Type I-B		
<i>mexiletine hcl caps</i>	1	
Antiarrhythmics Type I-C		
<i>flecainide acetate tabs</i>	1	
<i>propafenone hcl cp12</i>	1	
<i>propafenone hcl tabs</i>	1	
RYTHMOL SR CP12 (<i>Use Propafenone HCl</i>)	NF	
RYTHMOL TABS (<i>Use Propafenone HCl</i>)	NF	
Antiarrhythmics Type III		
<i>amiodarone hcl soln iv 50 mg/ml, 150 mg/3ml</i>	1	
<i>amiodarone hcl tabs or 100 mg, 200 mg, 400 mg</i>	1	
<i>dofetilide caps</i>	1	

Drug Name	Drug Tier	Requirements/Limits
MULTAQ TABS	3	
TIKOSYN CAPS (<i>Use Dofetilide</i>)	NF	
ANTIASTHMATIC AND BRONCHODILATOR AGENTS - Drugs to Treat Lung Conditions		
Anti-Inflammatory Agents		
<i>cromolyn sodium nebu</i>	1	QL(8 ml daily)
Antiasthmatic - Monoclonal Antibodies		
NUCALA SOLR	4	PA
XOLAIR SOLR	4	PA; QL(0.214 ea daily); SP
Bronchodilators - Anticholinergics		
ATROVENT HFA AERS	3	QL(0.067 gm daily)
INCRUSE ELLIPTA AEPB	2	
<i>ipratropium bromide soln</i>	1	QL(15 ml daily)
SPIRIVA HANDIHALER CAPS	2	QL(1 ea daily)
SPIRIVA RESPIMAT AERS	2	
TUDORZA PRESSAIR AEPB	3	
Leukotriene Modulators		
ACCOLATE TABS (<i>Use Zafirlukast</i>)	NF	QL(2 ea daily)
<i>montelukast sodium chew 4 mg, 5 mg</i>	1	QL(1 ea daily)
<i>montelukast sodium pack 4 mg</i>	1	PA; QL(1 ea daily)
<i>montelukast sodium tabs 10 mg</i>	1	QL(1 ea daily)
SINGULAIR CHEW 4 MG, 5 MG (<i>Use Montelukast Sodium</i>)	NF	QL(1 ea daily)
SINGULAIR PACK 4 MG (<i>Use Montelukast Sodium</i>)	NF	PA; QL(1 ea daily)
SINGULAIR TABS 10 MG (<i>Use Montelukast Sodium</i>)	NF	QL(1 ea daily)
<i>zafirlukast tabs</i>	1	QL(2 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
<i>zileuton tb12</i>	1	QL(4 ea daily)
ZYFLO CR TB12 (<i>Use Zileuton</i>)	NF	QL(4 ea daily)
Selective Phosphodiesterase 4 (PDE4) Inhibitors		
DALIRESP TABS 250 MCG	3	QL(1 ea daily)30 rtl MAX day(s) supply,180 rtl lmt day(s),30 mail MAX day(s) supply,180 mail lmt day(s),
DALIRESP TABS 500 MCG	3	
Steroid Inhalants		
ALVESCO AERS	3	PA
ASMANEX TWISTHALER 120 METERED DOSES AEPB	2	
ASMANEX TWISTHALER 14 METERED DOSES AEPB	2	
ASMANEX TWISTHALER 30 METERED DOSES AEPB	2	
ASMANEX TWISTHALER 60 METERED DOSES AEPB	2	
ASMANEX TWISTHALER 7 METERED DOSES AEPB	2	
<i>budesonide (inhalation) susp</i>	1	PA; QL(4 ml daily)
FLOVENT DISKUS AEPB	3	
FLOVENT HFA AERO	3	
PULMICORT FLEXHALER AEPB	2	
PULMICORT SUSP (<i>Use Budesonide (Inhalation)</i>)	NF	PA; QL(4 ml daily)
QVAR AERS	2	

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

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Drug Name	Drug Tier	Requirements/ Limits
STRIVERDI RESPIMAT AERS	3	PA
SYMBICORT AERO	2	
<i>terbutaline sulfate soln</i>	1	
<i>terbutaline sulfate tabs</i>	1	
TRELEGY ELLIPTA AEPB	2	
UTIBRON NEOHALER CAPS	3	PA; QL(2 ea daily)
VENTOLIN HFA AERS	2	1 rtl pack lmt per fill, 2 rtl MAX fill, 30 rtl day(s) supply,
VOSPIRE ER TB12 (Use <i>Albuterol Sulfate</i>)	NF	
XOPENEX CONCENTRATE NEBU (Use <i>Levalbuterol HCl</i>)	NF	PA
XOPENEX NEBU (Use <i>Levalbuterol HCl</i>)	NF	PA; QL(12 ml daily)
Xanthines		
<i>aminophylline soln</i>	1	
ELIXOPHYLLIN ELIX	1	
<i>theophylline tb12 100 mg, 200 mg, 300 mg, 450 mg</i>	1	
<i>theophylline tb24 400 mg, 600 mg</i>	1	
ANTICOAGULANTS - Blood Thinners		
Coumarin Anticoagulants		
COUMADIN TABS (Use <i>Warfarin Sodium</i>)	2	
<i>warfarin sodium tabs</i>	1	
Direct Factor Xa Inhibitors		
BEVYXXA CAPS	3	QL(42 ea per 42 days retail, 42 ea per 42 days mail)
ELIQUIS STARTER PACK TABS	2	QL(2.47 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
ELIQUIS TABS	2	QL(2.47 ea daily)
XARELTO TABS 10 MG, 20 MG	2	QL(1 ea daily)
XARELTO TABS 15 MG	2	QL(2 ea daily)
Heparins And Heparinoid-Like Agents		
ARIXTRA SOLN 10 MG/0.8ML (Use <i>Fondaparinux Sodium</i>)	NF	QL(7.2 ml per 180 days retail, 7.2 ml per 180 days mail); SP
ARIXTRA SOLN 2.5 MG/0.5ML (Use <i>Fondaparinux Sodium</i>)	NF	QL(4.5 ml per 180 days retail, 4.5 ml per 180 days mail); SP
ARIXTRA SOLN 5 MG/0.4ML (Use <i>Fondaparinux Sodium</i>)	NF	QL(3.6 ml per 180 days retail, 3.6 ml per 180 days mail); SP
ARIXTRA SOLN 7.5 MG/0.6ML (Use <i>Fondaparinux Sodium</i>)	NF	QL(5.4 ml per 180 days retail, 5.4 ml per 180 days mail); SP
<i>enoxaparin sodium soln ij 300 mg/3ml</i>	4	QL(6 ml daily)
<i>enoxaparin sodium soln sc 100 mg/ml, 150 mg/ml</i>	4	QL(2 ml daily)
<i>enoxaparin sodium soln sc 30 mg/0.3ml</i>	4	QL(0.6 ml daily); SP
<i>enoxaparin sodium soln sc 40 mg/0.4ml</i>	4	QL(0.8 ml daily, 30 day(s) limit); SP
<i>enoxaparin sodium soln sc 60 mg/0.6ml</i>	4	QL(1.2 ml daily, 30 day(s) limit); SP
<i>enoxaparin sodium soln sc 80 mg/0.8ml, 120 mg/0.8ml</i>	4	QL(1.6 ml daily)
<i>fondaparinux sodium soln 10 mg/0.8ml</i>	4	QL(7.2 ml per 180 days retail, 7.2 ml per 180 days mail); SP

Drug Name	Drug Tier	Requirements/ Limits
<i>fondaparinux sodium soln 2.5 mg/0.5ml</i>	4	QL(4.5 ml per 180 days retail,4.5 ml per 180 days mail); SP
<i>fondaparinux sodium soln 5 mg/0.4ml</i>	4	QL(3.6 ml per 180 days retail,3.6 ml per 180 days mail); SP
<i>fondaparinux sodium soln 7.5 mg/0.6ml</i>	4	QL(5.4 ml per 180 days retail,5.4 ml per 180 days mail); SP
FRAGMIN SOLN 10000 UNIT/ML, 2500 UNIT/0.2ML, 5000 UNIT/0.2ML, 7500 UNIT/0.3ML, 12500 UNIT/0.5ML, 15000 UNIT/0.6ML, 18000 UNT/0.72ML	4	PA; SP
<i>heparin sod (porcine) in d5w soln</i>	1	
<i>heparin sodium (porcine) soln 5000 unit/ml, 10000 unit/ml, 20000 unit/ml</i>	1	
HEPARIN SODIUM/NACL 0.45% SOLN	1	
LOVENOX SOLN IJ 300 MG/3ML (<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); SP
LOVENOX SOLN SC 40 MG/0.4ML (<i>Use Enoxaparin Sodium</i>)	NF	QL(0.8 ml daily,30 day(s) limit); SP
LOVENOX SOLN SC 60 MG/0.6ML (<i>Use Enoxaparin Sodium</i>)	NF	QL(1.2 ml daily,30 day(s) limit); SP
LOVENOX SOLN SC 80 MG/0.8ML, 120 MG/0.8ML (<i>Use Enoxaparin Sodium</i>)	NF	QL(1.6 ml daily)

Drug Name	Drug Tier	Requirements/ Limits
Thrombin Inhibitors		
PRADAXA CAPS 75 MG, 150 MG	2	QL(2 ea daily)
ANTICONVULSANTS - Drugs to Treat Seizures		
AMPA Glutamate Receptor Antagonists		
FYCOMPA TABS 2 MG, 4 MG, 6 MG, 8 MG, 10 MG, 12 MG	3	PA
Anticonvulsants - Benzodiazepines		
<i>clobazam susp 2.5 mg/ml</i>	1	PA; QL(16 ml daily)
<i>clobazam tabs 10 mg, 20 mg</i>	1	PA; QL(2 ea daily)
<i>clonazepam tabs 0.5 mg, 1 mg, 2 mg</i>	1	
DIASTAT ACUDIAL GEL	3	
DIASTAT PEDIATRIC GEL	3	
DIAZEPAM GEL RE 20 MG, 2.5 MG	3	
DIAZEPAM RECTAL GEL GEL	3	
KLONOPIN TABS (<i>Use Clonazepam</i>)	NF	
ONFI SUSP 2.5 MG/ML (<i>Use Clobazam</i>)	3	PA; QL(16 ml daily)
ONFI TABS 10 MG, 20 MG (<i>Use Clobazam</i>)	3	PA; QL(2 ea daily)
Anticonvulsants - Misc.		
APTIOM TABS	3	ST; QL(2 ea daily)
BANZEL SUSP 40 MG/ML	2	PA; QL(80 ml daily)
BANZEL TABS 200 MG	2	PA; QL(2 ea daily)
BANZEL TABS 400 MG	2	PA; QL(8 ea daily)
<i>carbamazepine chew 100 mg</i>	1	
<i>carbamazepine cp12 100 mg</i>	1	
<i>carbamazepine cp12 200 mg</i>	1	QL(6 ea daily)

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Drug Name	Drug Tier	Requirements/Limits
<i>carbamazepine cp12 300 mg</i>	1	QL(4 ea daily)
<i>carbamazepine susp 100 mg/5ml</i>	1	
<i>carbamazepine tabs 200 mg</i>	1	
<i>carbamazepine tb12 100 mg, 400 mg</i>	1	QL(4 ea daily)
<i>carbamazepine tb12 200 mg</i>	1	QL(6 ea daily)
CARBATROL CP12 100 MG (Use Carbamazepine)	NF	
CARBATROL CP12 200 MG (Use Carbamazepine)	NF	QL(6 ea daily)
CARBATROL CP12 300 MG (Use Carbamazepine)	NF	QL(4 ea daily)
<i>gabapentin caps 100 mg, 300 mg, 400 mg</i>	1	
<i>gabapentin soln 250 mg/5ml, 300 mg/6ml</i>	1	QL(60 ml daily)
<i>gabapentin tabs 600 mg, 800 mg</i>	1	
KEPPRA SOLN IV 500 MG/5ML (Use Levetiracetam)	NF	QL(30 ml daily)
KEPPRA SOLN OR 100 MG/ML (Use Levetiracetam)	NF	QL(30 ml daily)
KEPPRA TABS OR 1000 MG (Use Levetiracetam)	NF	QL(3 ea daily)
KEPPRA TABS OR 250 MG, 750 MG (Use Levetiracetam)	NF	QL(4 ea daily)
KEPPRA TABS OR 500 MG (Use Levetiracetam)	NF	QL(6 ea daily)
KEPPRA XR TB24 (Use Levetiracetam)	NF	QL(4 ea daily)
LAMICTAL CHEWABLE DISPERSIBLE CHEW (Use Lamotrigine)	NF	
LAMICTAL ODT TBDP 25 MG, 50 MG, 100 MG, 200 MG (Use Lamotrigine)	NF	QL(1 ea daily)
LAMICTAL TABS (Use Lamotrigine)	NF	

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

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

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

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

Drug Name	Drug Tier	Requirements/ Limits
<i>mirtazapine tabs 45 mg, 7.5 mg</i>	1	QL(1 ea daily)
<i>mirtazapine tbdp 15 mg</i>	1	QL(3 ea daily)
<i>mirtazapine tbdp 30 mg</i>	1	QL(1.5 ea daily)
<i>mirtazapine tbdp 45 mg</i>	1	
REMERON SOLTAB TBDP 15 MG (Use Mirtazapine)	NF	QL(3 ea daily)
REMERON SOLTAB TBDP 30 MG (Use Mirtazapine)	NF	QL(1.5 ea daily)
REMERON SOLTAB TBDP 45 MG (Use Mirtazapine)	NF	
REMERON TABS 15 MG (Use Mirtazapine)	NF	QL(3 ea daily)
REMERON TABS 30 MG (Use Mirtazapine)	NF	QL(1.5 ea daily)
REMERON TABS 45 MG (Use Mirtazapine)	NF	QL(1 ea daily)
Antidepressants - Misc.		
<i>bupropion hcl tabs 75 mg, 100 mg</i>	1	QL(3 ea daily)
<i>bupropion hcl tb12 100 mg</i>	1	QL(4 ea daily)
<i>bupropion hcl tb12 150 mg</i>	1	QL(3 ea daily)
<i>bupropion hcl tb12 200 mg</i>	1	QL(2 ea daily)
<i>bupropion hcl tb24 150 mg</i>	1	QL(3 ea daily)
<i>bupropion hcl tb24 300 mg</i>	1	QL(1 ea daily)
MAPROTILINE HCL TABS	2	
WELLBUTRIN SR TB12 100 MG (Use Bupropion HCl)	NF	QL(4 ea daily)
WELLBUTRIN SR TB12 150 MG (Use Bupropion HCl)	NF	QL(3 ea daily)
WELLBUTRIN SR TB12 200 MG (Use Bupropion HCl)	NF	QL(2 ea daily)
WELLBUTRIN XL TB24 150 MG (Use Bupropion HCl)	NF	QL(3 ea daily)

Drug Name	Drug Tier	Requirements/Limits
WELLBUTRIN XL TB24 300 MG (Use Bupropion HCl)	NF	QL(1 ea daily)
Monoamine Oxidase Inhibitors (MAOIs)		
EMSAM PT24	3	QL(1 ea daily)
MARPLAN TABS	2	QL(6 ea daily)
NARDIL TABS (Use Phenelzine Sulfate)	NF	
PARNATE TABS (Use Tranylcypromine Sulfate)	NF	
phenelzine sulfate tabs	1	
tranylcypromine sulfate tabs	1	
Selective Serotonin Reuptake Inhibitors (SSRIs)		
CELEXA TABS 10 MG (Use Citalopram Hydrobromide)	NF	QL(4 ea daily)
CELEXA TABS 20 MG (Use Citalopram Hydrobromide)	NF	QL(2 ea daily)
CELEXA TABS 40 MG (Use Citalopram Hydrobromide)	NF	QL(1 ea daily)
citalopram hydrobromide soln 10 mg/5ml	1	QL(20 ml daily)
citalopram hydrobromide tabs 10 mg	1	QL(4 ea daily)
citalopram hydrobromide tabs 20 mg	1	QL(2 ea daily)
citalopram hydrobromide tabs 40 mg	1	QL(1 ea daily)
escitalopram oxalate soln 5 mg/5ml	1	QL(20 ml daily)
escitalopram oxalate tabs 10 mg	1	QL(2 ea daily)
escitalopram oxalate tabs 20 mg	1	QL(1 ea daily)
escitalopram oxalate tabs 5 mg	1	QL(4 ea daily)
fluoxetine hcl caps 10 mg	1	QL(1 ea daily)
fluoxetine hcl caps 20 mg	1	QL(3 ea daily)

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

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Drug Name	Drug Tier	Requirements/ Limits
PAXIL TABS 40 MG (Use Paroxetine HCl)	NF	QL(1 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)
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(4 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)
ZOLOFT TABS 25 MG, 50 MG (Use Sertraline HCl)	NF	QL(4 ea daily)
Serotonin Modulators		
NEFAZODONE HCL TABS 100 MG, 150 MG	2	
nefazodone hcl tabs 50 mg, 250 mg	1	
NEFAZODONE HYDROCHLORIDE TABS	2	
trazodone hcl tabs	1	
TRINTELLIX TABS	3	PA; QL(1 ea daily)
VIIBRYD STARTER PACK KIT	2	PA
VIIBRYD TABS	2	PA; QL(1 ea daily)
Serotonin-Norepinephrine Reuptake Inhibitors		
CYMBALTA CPEP (Use Duloxetine HCl)	NF	QL(2 ea daily)
desvenlafaxine succinate tb24 100 mg	1	QL(4 ea daily)
desvenlafaxine succinate tb24 25 mg, 50 mg	1	QL(1 ea daily)
duloxetine hcl cpep 20 mg, 30 mg, 60 mg	1	QL(2 ea daily)
duloxetine hcl cpep 40 mg	1	

Drug Name	Drug Tier	Requirements/ Limits
EFFEXOR XR CP24 150 MG (Use Venlafaxine HCl)	NF	QL(2 ea daily)
EFFEXOR XR CP24 37.5 MG (Use Venlafaxine HCl)	NF	QL(4 ea daily)
EFFEXOR XR CP24 75 MG (Use Venlafaxine HCl)	NF	QL(5 ea daily)
FETZIMA CP24	3	PA
FETZIMA TITRATION PACK C4PK	3	PA
PRISTIQ TB24 100 MG (Use Desvenlafaxine Succinate)	NF	QL(4 ea daily)
PRISTIQ TB24 25 MG, 50 MG (Use Desvenlafaxine Succinate)	NF	QL(1 ea daily)
venlafaxine hcl cp24 150 mg	1	QL(2 ea daily)
venlafaxine hcl cp24 37.5 mg	1	QL(4 ea daily)
venlafaxine hcl cp24 75 mg	1	QL(5 ea daily)
VENLAFAXINE HCL ER TB24 150 MG (Use Venlafaxine HCl)	1	QL(2 ea daily)
VENLAFAXINE HCL ER TB24 225 MG	1	ST; QL(1 ea daily)
VENLAFAXINE HCL ER TB24 75 MG, 37.5 MG (Use Venlafaxine HCl)	3	QL(1 ea daily)
venlafaxine hcl tabs 25 mg, 50 mg, 75 mg, 100 mg, 37.5 mg	1	QL(3 ea daily)
venlafaxine hcl tb24 150 mg	1	QL(2 ea daily)
venlafaxine hcl tb24 225 mg	1	ST; QL(1 ea daily)
venlafaxine hcl tb24 75 mg, 37.5 mg	1	QL(1 ea daily)
Tricyclic Agents		
amitriptyline hcl tabs	1	
AMOXAPINE TABS	3	
ANAFRANIL CAPS (Use Clomipramine HCl)	NF	PA

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Drug Name	Drug Tier	Requirements/Limits
<i>clomipramine hcl caps</i>	1	PA
<i>desipramine hcl tabs</i>	1	
<i>doxepin hcl caps</i>	1	
<i>doxepin hcl conc</i>	1	
ELAVIL TABS (Use Amitriptyline HCl)	NF	
<i>imipramine hcl tabs</i>	1	
<i>imipramine pamoate caps</i>	1	
NORPRAMIN TABS (Use Desipramine HCl)	NF	
<i>nortriptyline hcl caps 10 mg, 25 mg, 50 mg, 75 mg</i>	1	
<i>nortriptyline hcl soln 10 mg/5ml</i>	1	
NORTRIPTYLINE HCL SOLN 10 MG/5ML	1	
PAMELOR CAPS (Use Nortriptyline HCl)	NF	
<i>protriptyline hcl tabs</i>	1	
SURMONTIL CAPS (Use Trimipramine Maleate)	NF	
TOFRANIL TABS (Use Imipramine HCl)	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 Miglitol)	NF	
<i>miglitol tabs</i>	1	
PRECOSE TABS (Use Acarbose)	NF	QL(3 ea daily)
Antidiabetic - Amylin Analogs		
SYMLINPEN 120 SOPN	2	PA; QL(0.36 ml daily)

Drug Name	Drug Tier	Requirements/Limits
SYMLINPEN 60 SOPN	2	PA; QL(0.2 ml daily)
Antidiabetic Combinations		
ACTOPLUS MET TABS (Use Pioglitazone HCl-Metformin HCl)	NF	QL(2 ea daily)
DUETACT TABS (Use Pioglitazone HCl-Glimepiride)	NF	QL(1 ea daily)
<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 (Use Glyburide-Metformin)	NF	QL(4 ea daily)
<i>glyburide-metformin tabs 1.25mg-250mg</i>	1	QL(2 ea daily)
<i>glyburide-metformin tabs 5mg-500mg, 2.5mg-500mg</i>	1	QL(4 ea daily)
GLYXAMBI TABS	3	PA
INVOKAMET TABS	3	PA
<i>pioglitazone hcl-glimepiride tabs</i>	1	QL(1 ea daily)
<i>pioglitazone hcl-metformin hcl tabs</i>	1	QL(2 ea daily)
REPAGLINIDE/METFORMIN IN HYDROCHLORIDE TABS	1	QL(2 ea daily)
SEGLUROMET TABS	2	PA; QL(2 ea daily)
SYNJARDY TABS	3	PA
XIGDUO XR TB24 5MG-500MG, 10MG-500MG, 5MG-1000MG, 10MG-1000MG	3	PA
XULTOPHY 100/3.6 SOPN	3	PA
Biguanides		
GLUCOPHAGE TABS 1000 MG (Use Metformin HCl)	NF	QL(2.5 ea daily)
GLUCOPHAGE TABS 500 MG (Use Metformin HCl)	NF	QL(5 ea daily)

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

Drug Name	Drug Tier	Requirements/Limits
pioglitazone hcl tabs	1	QL(1 ea daily)
Insulin		
APIDRA SOLN	3	
APIDRA SOLOSTAR SOPN	3	
FIASP FLEXTOUCH SOPN	2	
FIASP SOLN	2	
HUMULIN R U-500 (CONCENTRATED) SOLN	3	
LEVEMIR FLEXTOUCH SOPN	2	
LEVEMIR SOLN	2	
NOVOLOG FLEXPEN SOPN	2	
NOVOLOG MIX 70/30 PREFILLED FLEXPEN SUPN	2	
NOVOLOG MIX 70/30 SUSP	2	
NOVOLOG PENFILL SOCT	2	
NOVOLOG SOLN	2	
TRESIBA FLEXTOUCH SOPN	3	PA
Meglitinide Analogues		
nateglinide tabs	1	QL(3 ea daily)
PRANDIN TABS 0.5 MG, 1 MG (Use Repaglinide)	NF	QL(4 ea daily)
PRANDIN TABS 2 MG (Use Repaglinide)	NF	QL(8 ea daily)
repaglinide tabs 0.5 mg, 1 mg	1	QL(4 ea daily)
repaglinide tabs 2 mg	1	QL(8 ea daily)
STARLIX TABS (Use Nateglinide)	NF	QL(3 ea daily)
Sodium-Glucose Co-Transporter 2 (SGLT2)		
FARXIGA TABS	3	PA

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

Drug Name	Drug Tier	Requirements/ Limits
MOTOFEN TABS	3	
ANTIDOTES AND SPECIFIC ANTAGONISTS		
Antidotes - Chelating Agents		
CHEMET CAPS	3	
EXJADE TBSO	4	PA; SP
FERRIPROX TABS 500 MG	3	
JADENU SPRINKLE PACK	4	PA
JADENU TABS	4	PA; SP
Antidotes and Specific Antagonists		
VISTOGARD PACK	4	PA
Opioid Antagonists		
naloxone hcl soln 0.4 mg/ml, 4 mg/10ml	1	
naltrexone hcl tabs	1	
NARCAN LIQD	3	PA
ANTIEMETICS - Drugs to Treat Nausea and Vomiting		
5-HT3 Receptor Antagonists		
ALOXI SOLN (Use Palonosetron HCl)	3	
ANZEMET TABS	3	PA; QL(0.167 ea daily)
granisetron hcl soln iv 0.1 mg/ml, 1 mg/ml	1	
granisetron hcl tabs or 1 mg	1	QL(0.34 ea daily)
ondansetron hcl soln ij 4 mg/2ml	1	
ondansetron hcl soln or 4 mg/5ml	1	QL(3.34 ml daily)
ondansetron hcl tabs or 24 mg	1	QL(0.143 ea daily)
ondansetron hcl tabs or 4 mg	1	QL(4 ea daily, 60 ea per fill retail, 60 ea per fill mail)

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Drug Name	Drug Tier	Requirements/Limits
<i>ondansetron hcl tabs or 8 mg</i>	1	QL(3 ea daily,45 ea per fill retail,45 ea per fill mail)
<i>ondansetron tbdp 4 mg</i>	1	QL(1 ea daily)
<i>ondansetron tbdp 8 mg</i>	1	
<i>palonosetron hcl soln</i>	1	
PALONOSETRON HYDROCHLORIDE SOLN 0.25 MG/5ML	3	
ZOFRAN ODT TBDP 4 MG (Use Ondansetron)	NF	QL(1 ea daily)
ZOFRAN ODT TBDP 8 MG (Use Ondansetron)	NF	
ZOFRAN SOLN 4 MG/5ML (Use Ondansetron HCl)	NF	QL(3.34 ml daily)
ZOFRAN TABS 4 MG (Use Ondansetron HCl)	NF	QL(4 ea daily,60 ea per fill retail,60 ea per fill mail)
ZOFRAN TABS 8 MG (Use Ondansetron HCl)	NF	QL(3 ea daily,45 ea per fill retail,45 ea per fill mail)
Antiemetics - Anticholinergic		
<i>meclizine hcl tabs</i>	1	RX/OTC
<i>scopolamine pt72</i>	1	QL(0.34 ea daily)
TIGAN CAPS OR 300 MG (Use Trimethobenzamide HCl)	NF	
TRANSDERM-SCOP PT72	2	QL(0.34 ea daily)
TRANSDERM-SCOP PT72 (Use Scopolamine)	2	QL(0.34 ea daily)
<i>trimethobenzamide hcl caps</i>	1	
Antiemetics - Miscellaneous		
AKYNZEO CAPS OR 300MG-0.5MG	3	PA
CESAMET CAPS	3	

Drug Name	Drug Tier	Requirements/Limits
DICLEGIS TBEC	3	PA; QL(4 ea daily)3 rtl MAX fill,365 rtl day(s) supply,3 mail MAX fill,365 mail day(s) supply,
<i>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 OR 40 MG, 125 MG (Use Aprepitant)	NF	PA; QL(0.067 ea daily)
EMEND CAPS OR 80 MG (Use Aprepitant)	NF	PA; QL(0.134 ea daily)
VARUBI TABS OR 90 MG	3	PA
ANTIFUNGALS - Drugs to Treat Fungal Infections		
Antifungal - Glucan Synthesis Inhibitors		
CANCIDAS SOLR (Use Caspofungin Acetate)	NF	
<i>caspofungin acetate solr 50 mg, 70 mg</i>	1	
ERAXIS SOLR	3	
MYCAMINE SOLR	3	
Antifungals		
ABELCET SUSP	3	
AMBISOME SUSR	3	
AMPHOTERICIN B SOLR	3	
ANCOBON CAPS (Use Flucytosine)	NF	
<i>flucytosine caps</i>	1	
GRIS-PEG TABS (Use Griseofulvin Ultramicrosize)	NF	

Drug Name	Drug Tier	Requirements/Limits
<i>griseofulvin microsize susp 125 mg/5ml</i>	1	AL(At least 2 yrs old)
<i>griseofulvin microsize tabs 500 mg</i>	1	
<i>griseofulvin ultramicrosize tabs</i>	1	
LAMISIL TABS (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 OR 186 MG	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 100 mg</i>	1	PA; QL(4 ea daily)
<i>itraconazole soln 10 mg/ml</i>	1	PA; QL(20 ml daily)
<i>ketoconazole tabs</i>	1	
NOXAFIL SUSP OR 40 MG/ML	3	QL(20 ml daily)
SPORANOX CAPS 100 MG (Use Itraconazole)	NF	PA; QL(4 ea daily)
SPORANOX PULSEPAK CAPS (Use Itraconazole)	NF	PA; QL(4 ea daily)
SPORANOX SOLN 10 MG/ML (Use Itraconazole)	3	PA; QL(20 ml daily)
VFEND TABS 50 MG, 200 MG (Use Voriconazole)	NF	QL(4 ea daily)
<i>voriconazole tabs or 50 mg, 200 mg</i>	1	QL(4 ea daily)
ANTIHISTAMINES - Drugs to Treat Allergies		
Antihistamines - Alkylamines		
RYCLORA SYRP	3	

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

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Drug Name	Drug Tier	Requirements/Limits
CLARITIN CHEW 5 MG	1	
CLARITIN CHEW 5 MG (Use Loratadine)	1	
CLARITIN CHILDRENS CHEW (Use Loratadine)	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	
<i>desloratadine tabs</i>	1	QL(1 ea daily)
<i>fexofenadine hcl susp 30 mg/5ml</i>	1	QL(30 ml daily)
<i>fexofenadine hcl tabs 180 mg</i>	1	QL(1 ea daily)
<i>fexofenadine hcl tabs 60 mg</i>	1	QL(2 ea daily)
<i>levocetirizine dihydrochloride soln 2.5 mg/5ml</i>	1	QL(10 ml daily); RX/OTC
<i>levocetirizine dihydrochloride tabs 5 mg</i>	1	QL(1 ea daily); RX/OTC
<i>loratadine caps</i>	1	
<i>loratadine chew</i>	1	
<i>loratadine soln</i>	1	
<i>loratadine syrp</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

Drug Name	Drug Tier	Requirements/Limits
XYZAL SOLN 2.5 MG/5ML (Use Levocetirizine Dihydrochloride)	NF	QL(10 ml daily); RX/OTC
XYZAL TABS 5 MG (Use Levocetirizine Dihydrochloride)	NF	QL(1 ea daily); RX/OTC
ZYRTEC ALLERGY CAPS (Use Cetirizine HCl)	1	QL(1 ea daily)
ZYRTEC ALLERGY TABS (Use Cetirizine HCl)	1	QL(1 ea daily)
ZYRTEC CHILDRENS ALLERGY SOLN (Use Cetirizine HCl)	1	QL(10 ml daily); RX/OTC
Antihistamines - Phenothiazines		
PHENERGAN SOLN (Use Promethazine HCl)	NF	
<i>promethazine hcl soln</i>	1	
<i>promethazine hcl supp</i>	1	
<i>promethazine hcl syrp</i>	1	
<i>promethazine hcl tabs</i>	1	
Antihistamines - Piperidines		
<i>cyproheptadine hcl syrp</i>	1	
<i>cyproheptadine hcl tabs</i>	1	
ANTIHYPERLIPIDEMICS - Drugs to Treat High Cholesterol		
Antihyperlipidemics - Combinations		
<i>ezetimibe-simvastatin tabs</i>	1	ST; QL(1 ea daily)
VYTORIN TABS (Use Ezetimibe-Simvastatin)	NF	ST; QL(1 ea daily)
Antihyperlipidemics - Misc.		
LOVAZA CAPS (Use Omega-3-acid Ethyl Esters)	NF	QL(4 ea daily)
<i>omega-3-acid ethyl esters caps</i>	1	QL(4 ea daily)
VASCEPA CAPS 1 GM	3	PA
Bile Acid Sequestrants		

Drug Name	Drug Tier	Requirements/Limits
<i>cholestyramine light pack 4 gm</i>	1	QL(6 ea daily)
<i>cholestyramine light powd 4 gm/dose</i>	1	QL(24 gm daily)
<i>cholestyramine pack 4 gm</i>	1	QL(6 ea daily)
<i>cholestyramine powd 4 gm/dose</i>	1	QL(25.2 gm daily)
<i>colesevelam hcl pack 3.75 gm</i>	1	PA; QL(1 ea daily)
<i>colesevelam hcl tabs 625 mg</i>	1	QL(7 ea daily)
COLESTID FLAVORED GRAN 5 GM (Use <i>Colestipol HCl</i>)	NF	QL(6 gm daily)
COLESTID FLAVORED PACK 5 GM/7.5GM (Use <i>Colestipol HCl</i>)	NF	QL(6 ea daily)
COLESTID GRAN 5 GM (Use <i>Colestipol HCl</i>)	NF	QL(6 gm daily)
COLESTID PACK 5 GM (Use <i>Colestipol HCl</i>)	NF	QL(6 ea daily)
COLESTID TABS 1 GM (Use <i>Colestipol HCl</i>)	NF	QL(16 ea daily)
<i>colestipol hcl gran 5 gm</i>	1	QL(6 gm daily)
<i>colestipol hcl pack 5 gm</i>	1	QL(6 ea daily)
<i>colestipol hcl tabs 1 gm</i>	1	QL(16 ea daily)
QUESTRAN LIGHT POWD (Use <i>Cholestyramine Light</i>)	NF	QL(24 gm daily)
QUESTRAN PACK 4 GM (Use <i>Cholestyramine</i>)	NF	QL(6 ea daily)
QUESTRAN POWD 4 GM/DOSE (Use <i>Cholestyramine</i>)	NF	QL(25.2 gm daily)
WELCHOL PACK 3.75 GM (Use <i>Colesevelam HCl</i>)	2	PA; QL(1 ea daily)
WELCHOL TABS 625 MG (Use <i>Colesevelam HCl</i>)	2	QL(7 ea daily)
Fibric Acid Derivatives		
<i>fenofibrate micronized caps 67 mg, 134 mg, 200 mg</i>	1	QL(1 ea daily)
<i>fenofibrate tabs 48 mg, 54 mg, 145 mg, 160 mg</i>	1	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/Limits
<i>gemfibrozil tabs</i>	1	QL(2 ea daily)
LOFIBRA CAPS (Use <i>Fenofibrate Micronized</i>)	NF	QL(1 ea daily)
LOFIBRA TABS (Use <i>Fenofibrate</i>)	NF	QL(1 ea daily)
LOPID TABS (Use <i>Gemfibrozil</i>)	NF	QL(2 ea daily)
TRICOR TABS (Use <i>Fenofibrate</i>)	NF	QL(1 ea daily)
HMG CoA Reductase Inhibitors		
ALTOPREV TB24	3	ST; QL(1 ea daily)
<i>atorvastatin calcium tabs</i>	1	QL(1 ea daily)
CRESTOR TABS (Use <i>Rosuvastatin Calcium</i>)	NF	QL(1 ea daily)
<i>fluvastatin sodium caps 20 mg</i>	1	QL(1 ea daily)
<i>fluvastatin sodium caps 40 mg</i>	1	QL(2 ea daily)
LIPITOR TABS (Use <i>Atorvastatin Calcium</i>)	NF	QL(1 ea daily)
LIVALO TABS	3	ST; QL(1 ea daily)
<i>lovastatin tabs 10 mg, 20 mg</i>	1	\$0 copay for generic only, age 40 to 76; QL(1 ea daily); PV
<i>lovastatin tabs 40 mg</i>	1	\$0 copay for generic only, age 40 to 76; QL(2 ea daily); PV
MEVACOR TABS (Use <i>Lovastatin</i>)	NF	\$0 copay for generic only, age 40 to 76; QL(2 ea daily); PV
PRAVACHOL TABS (Use <i>Pravastatin Sodium</i>)	NF	QL(1 ea daily)
<i>pravastatin sodium tabs</i>	1	QL(1 ea daily)
<i>rosuvastatin calcium tabs</i>	1	QL(1 ea daily)

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Drug Name	Drug Tier	Requirements/Limits
<i>simvastatin tabs</i>	1	QL(1 ea daily)
ZOCOR TABS (<i>Use Simvastatin</i>)	NF	QL(1 ea daily)
Intestinal Cholesterol Absorption Inhibitors		
<i>ezetimibe tabs</i>	1	QL(1 ea daily)
ZETIA TABS (<i>Use Ezetimibe</i>)	NF	QL(1 ea daily)
Nicotinic Acid Derivatives		
<i>niacin (antihyperlipidemic) tbc</i>	1	QL(2 ea daily)
NIASPAN TBCR (<i>Use Niacin (Antihyperlipidemic)</i>)	NF	QL(2 ea daily)
Proprotein Convertase Subtilisin/Kexin Type 9		
REPATHA SOSY	4	PA; QL(0.0714 ml daily)
REPATHA SURECLICK SOAJ	4	PA; QL(0.0714 ml daily)
ANTIHYPERTENSIVES - Drugs to Treat High Blood Pressure		
ACE Inhibitors		
ACCUPRIL TABS (<i>Use Quinapril HCl</i>)	NF	
ACEON TABS (<i>Use Perindopril Erbumine</i>)	NF	
ALTACE CAPS (<i>Use Ramipril</i>)	NF	
<i>benazepril hcl tabs</i>	1	
<i>captopril tabs</i>	1	
<i>enalapril maleate tabs</i>	1	
<i>fosinopril sodium tabs</i>	1	
<i>lisinopril tabs</i>	1	
LOTENSIN TABS (<i>Use Benazepril HCl</i>)	NF	
MAVIK TABS (<i>Use Trandolapril</i>)	NF	
<i>moexipril hcl tabs</i>	1	
<i>perindopril erbumine tabs</i>	1	

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

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Drug Name	Drug Tier	Requirements/Limits
CARDURA TABS (<i>Use Doxazosin Mesylate</i>)	NF	
CATAPRES TABS (<i>Use Clonidine HCl</i>)	NF	QL(8 ea daily)
<i>clonidine hcl tabs</i>	1	QL(8 ea daily)
<i>doxazosin mesylate tabs</i>	1	
<i>guanfacine hcl tabs</i>	1	
<i>methyldopa tabs</i>	1	QL(6 ea daily)
METHYLDOPATE HCL SOLN	3	
MINIPRESS CAPS (<i>Use Prazosin HCl</i>)	NF	QL(4 ea daily)
<i>prazosin hcl caps</i>	1	QL(4 ea daily)
TENEX TABS (<i>Use Guanfacine HCl</i>)	NF	
<i>terazosin hcl caps</i>	1	
Antihypertensive Combinations		
ACCURETIC TABS 10MG-12.5MG (<i>Use Quinapril-Hydrochlorothiazide</i>)	NF	QL(3 ea daily)
ACCURETIC TABS 20MG-12.5MG (<i>Use Quinapril-Hydrochlorothiazide</i>)	NF	QL(4 ea daily)
ACCURETIC TABS 20MG-25MG (<i>Use Quinapril-Hydrochlorothiazide</i>)	NF	QL(2 ea daily)
<i>amlodipine besylate-benazepril hcl caps</i>	1	
<i>amlodipine besylate-olmesartan medoxomil tabs</i>	1	ST
<i>amlodipine besylate-valsartan tabs</i>	1	
<i>amlodipine-valsartan-hydrochlorothiazide tabs</i>	1	
ATACAND HCT TABS (<i>Use Candesartan Cilexetil-Hydrochlorothiazide</i>)	NF	
<i>atenolol & chlorthalidone tabs</i>	1	

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

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

Drug Name	Drug Tier	Requirements/Limits
<i>valsartan-hydrochlorothiazide tabs</i>	1	
VASERETIC TABS (Use Enalapril Maleate & Hydrochlorothiazide)	NF	
ZESTORETIC TABS (Use Lisinopril & Hydrochlorothiazide)	NF	
ZIAC TABS (Use Bisoprolol & Hydrochlorothiazide)	NF	QL(2 ea daily)
Antihypertensives - Misc.		
VECAMYL TABS	3	PA
Direct Renin Inhibitors		
TEKTURNA TABS	2	QL(1 ea daily)
Selective Aldosterone Receptor Antagonists		
<i>eplerenone tabs</i>	1	
INSPRA TABS (Use Eplerenone)	NF	
Vasodilators		
<i>hydralazine hcl soln</i>	1	
<i>hydralazine hcl tabs</i>	1	
<i>minoxidil tabs</i>	1	
ANTIMALARIALS - Drugs to Treat Malaria (Parasitic Infections)		
Antimalarial Combinations		
<i>atovaquone-proguanil hcl tabs</i>	1	Covered for malaria treatment only. Limit 1 fill every 180 days;QL(12 ea per fill retail,12 ea per fill mail)1 rtl MAX fill,180 rtl day(s) supply,1 mail MAX fill,180 mail day(s) supply,

Drug Name	Drug Tier	Requirements/ Limits
COARTEM TABS	2	Covered for malaria treatment only. Limit 1 fill every 180 days; QL(24 ea per fill retail, 24 ea per fill mail) 1 rtl MAX fill, 180 rtl day(s) supply, 1 mail MAX fill, 180 mail day(s) supply,
MALARONE TABS (Use Atovaquone-Proguanil HCl)	NF	Covered for malaria treatment only. Limit 1 fill every 180 days; QL(12 ea per fill retail, 12 ea per fill mail) 1 rtl MAX fill, 180 rtl day(s) supply, 1 mail MAX fill, 180 mail day(s) supply,
Antimalarials		
CHLOROQUINE PHOSPHATE TABS 250 MG	1	
<i>chloroquine phosphate tabs 500 mg</i>	1	
DARAPRIM TABS	3	PA; QL(3 ea daily)
<i>hydroxychloroquine sulfate tabs</i>	1	
MEFLOQUINE HCL TABS	1	Covered for malaria treatment only. Limit 1 fill every 180 days; QL(5 ea daily) 1 rtl MAX fill, 180 rtl day(s) supply, 1 mail MAX fill, 180 mail day(s) supply,

Drug Name	Drug Tier	Requirements/ Limits
<i>mefloquine hcl tabs</i>	1	Covered for malaria treatment only. Limit 1 fill every 180 days; QL(5 ea daily) 1 rtl MAX fill, 180 rtl day(s) supply, 1 mail MAX fill, 180 mail day(s) supply,
PLAQUENIL TABS (Use Hydroxychloroquine Sulfate)	NF	
PRIMAQUINE PHOSPHATE TABS	3	
QUALAQUIN CAPS (Use Quinine Sulfate)	NF	PA;
<i>quinine sulfate caps</i>	1	PA;
ANTIMYASTHENIC/CHOLINERGIC AGENTS		
Antimyasthenic/Cholinergic Agents		
GUANIDINE HCL TABS	2	
MESTINON SYRP 60 MG/5ML	2	
MESTINON TABS 60 MG (Use Pyridostigmine Bromide)	NF	
MESTINON TIMESPAN TBCR (Use Pyridostigmine Bromide)	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		
CAPASTAT SULFATE SOLR	3	

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Drug Name	Drug Tier	Requirements/Limits
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 (Use <i>Ethambutol HCl</i>)	NF	
MYCOBUTIN CAPS (Use <i>Rifabutin</i>)	NF	PA
PASER PACK	3	QL(3 ea daily)
PRIFTIN TABS	3	
<i>pyrazinamide tabs</i>	1	
<i>rifabutin caps</i>	1	PA
RIFADIN CAPS (Use <i>Rifampin</i>)	NF	
RIFADIN SOLR (Use <i>Rifampin</i>)	NF	
<i>rifampin caps</i>	1	
<i>rifampin solr</i>	1	
SIRTURO TABS	3	PA
TRECTOR TABS	3	QL(4 ea daily)
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES - Drugs to Treat Cancer		
Alkylating Agents		
ALKERAN SOLR (Use <i>Melphalan HCl</i>)	NF	
ALKERAN TABS (Use <i>Melphalan</i>)	NF	
BICNU SOLR (Use <i>Carmustine</i>)	4	PA; SP
<i>busulfan soln</i>	4	PA; SP
BUSULFEX SOLN (Use <i>Busulfan</i>)	NF	PA; SP

Drug Name	Drug Tier	Requirements/Limits
<i>carboplatin soln 50 mg/5ml</i>	4	PA; SP
<i>carmustine solr</i>	4	PA; SP
<i>cisplatin soln 100 mg/100ml</i>	4	PA; SP
<i>cyclophosphamide caps or 25 mg, 50 mg</i>	1	PA; SP
CYCLOPHOSPHAMIDE CAPS OR 25 MG, 50 MG (Use <i>Cyclophosphamide</i>)	NF	PA; SP
<i>cyclophosphamide solr ij 1 gm, 2 gm, 500 mg</i>	4	PA; SP
GLEOSTINE CAPS 10 MG	4	PA; SP
GLEOSTINE CAPS 5 MG, 40 MG, 100 MG	4	PA
HEXALEN CAPS	4	PA; SP
IFEX SOLR 1 GM (Use <i>Ifosfamide</i>)	NF	PA; SP
<i>ifosfamide soln 1 gm/20ml</i>	4	PA; SP
<i>ifosfamide solr 1 gm</i>	4	PA; SP
LEUKERAN TABS	4	PA; SP
<i>melphalan hcl solr</i>	1	
<i>melphalan tabs</i>	1	
MUSTARGEN SOLR	4	PA; SP
MYLERAN TABS	4	PA; SP
<i>oxaliplatin soln 100 mg/20ml</i>	4	PA; SP
<i>oxaliplatin soln 50 mg/10ml</i>	4	PA; SP
TEMODAR CAPS OR 5 MG, 20 MG, 100 MG, 140 MG, 180 MG, 250 MG (Use <i>Temozolomide</i>)	NF	PA; SP
TEMODAR SOLR IV 100 MG	4	PA; SP
<i>temozolomide caps</i>	4	PA; SP

Drug Name	Drug Tier	Requirements/Limits
<i>thiotepa solr</i>	4	PA; SP
TREANDA SOLR	4	PA; SP
ZANOSAR SOLR	4	PA; SP
Antimetabolites		
ALIMTA SOLR 500 MG	4	PA; SP
ARRANON SOLN	4	PA; SP
<i>azacitidine susr</i>	4	PA; SP
<i>capecitabine tabs</i>	4	PA; SP
<i>clofarabine soln</i>	4	PA; SP
CLOLAR SOLN (Use Clofarabine)	NF	PA; SP
<i>cytarabine soln</i>	4	PA; SP
DACOGEN SOLR (Use Decitabine)	NF	PA; SP
<i>decitabine solr</i>	4	PA; SP
DEPOCYT SUSP	4	PA; SP
<i>floxuridine solr</i>	4	PA; SP
<i>fludarabine phosphate soln 50 mg/2ml</i>	4	PA; SP
<i>fludarabine phosphate solr 50 mg</i>	4	PA; SP
<i>fluorouracil soln iv 500 mg/10ml</i>	4	PA; SP
FOLOTYN SOLN 20 MG/ML	4	PA; SP
<i>gemcitabine hcl solr 2 gm</i>	4	PA; SP
<i>gemcitabine hcl solr 200 mg</i>	4	PA; SP
GEMZAR SOLR 200 MG (Use Gemcitabine HCl)	NF	PA; SP
<i>mercaptopurine tabs</i>	1	
METHOTREXATE SODIUM SOLN IJ 250 MG/10ML	1	SP

Drug Name	Drug Tier	Requirements/Limits
<i>methotrexate sodium soln ij 50 mg/2ml</i>	1	SP
<i>methotrexate sodium soln ij 50 mg/2ml</i>	1	
<i>methotrexate sodium solr ij 1 gm</i>	1	SP
<i>methotrexate sodium tabs or 2.5 mg</i>	1	SP
TABLOID TABS	4	PA; SP
TREXALL TABS	4	PA; SP
VIDAZA SUSR (Use Azacitidine)	NF	PA; SP
XELODA TABS (Use Capecitabine)	NF	PA; SP
Antineoplastic - Angiogenesis Inhibitors		
AVASTIN SOLN 100 MG/4ML	4	PA; SP
ZALTRAP SOLN 100 MG/4ML	4	PA; SP
Antineoplastic - Antibodies		
ADCETRIS SOLR	4	PA; SP
ARZERRA CONC	4	PA; SP
CAMPATH SOLN	4	PA
ERBITUX SOLN	4	PA; SP
HERCEPTIN SOLR 440 MG	4	PA; SP
PERJETA SOLN	4	PA; SP
RITUXAN SOLN	4	PA; SP
VECTIBIX SOLN 100 MG/5ML	4	PA; SP
YERVOY SOLN	4	PA; SP
Antineoplastic - Hedgehog Pathway Inhibitors		
ERIVEDGE CAPS	4	PA; QL(1 ea daily); SP
ODOMZO CAPS	4	PA; QL(1 ea daily)
Antineoplastic - Hormonal and Related Agents		

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Drug Name	Drug Tier	Requirements/Limits
<i>anastrozole tabs</i>	1	QL(1 ea daily)
ARIMIDEX TABS (<i>Use Anastrozole</i>)	NF	QL(1 ea daily)
AROMASIN TABS (<i>Use Exemestane</i>)	NF	QL(1 ea daily); SP
<i>bicalutamide tabs</i>	4	PA; QL(1 ea daily); SP
CASODEX TABS (<i>Use Bicalutamide</i>)	NF	PA; QL(1 ea daily); SP
ELIGARD KIT 22.5 MG	4	PA; SP
ELIGARD KIT 30 MG	4	PA; SP
ELIGARD KIT 45 MG	4	PA; SP
ELIGARD KIT 7.5 MG	4	PA; QL(0.0089 ea daily); SP
EMCYT CAPS	4	PA; SP
<i>exemestane tabs</i>	4	QL(1 ea daily); SP
FARESTON TABS	2	
FASLODEX SOLN	4	PA; QL(0.357 ml daily); SP
FEMARA TABS (<i>Use Letrozole</i>)	NF	
FIRMAGON SOLR	4	PA; QL(0.143 ea daily); SP
<i>flutamide caps</i>	4	PA; QL(6 ea daily); SP
<i>letrozole tabs</i>	1	
<i>leuprolide acetate kit</i>	4	PA; SP
LUPRON DEPOT (1-MONTH) KIT	4	PA; QL(0.0357 ea daily); SP
LUPRON DEPOT (3-MONTH) KIT	4	PA; SP
LUPRON DEPOT (4-MONTH) KIT	4	PA; QL(0.1339 ea daily); SP
LUPRON DEPOT (6-MONTH) KIT	4	PA; QL(0.0089 ea daily); SP
LYSODREN TABS	4	PA; SP

Drug Name	Drug Tier	Requirements/Limits
MEGACE ORAL SUSP (<i>Use Megestrol Acetate</i>)	NF	
<i>megestrol acetate susp</i>	1	
<i>megestrol acetate tabs</i>	1	
NILANDRON TABS (<i>Use Nilutamide</i>)	NF	QL(2 ea daily)
<i>nilutamide tabs</i>	1	QL(2 ea daily)
<i>tamoxifen citrate tabs</i>	0	
TRELSTAR MIXJECT SUSR	4	PA; SP
TRELSTAR SUSR	4	PA; SP
XTANDI CAPS	4	PA; QL(4 ea daily); SP
ZOLADEX IMPL 10.8 MG	4	PA; QL(0.0119 ea daily); SP
ZOLADEX IMPL 3.6 MG	4	PA; QL(0.0357 ea daily); SP
ZYTIGA TABS 250 MG	4	PA; QL(4 ea daily); SP
ZYTIGA TABS 500 MG	4	PA; QL(2 ea daily)
Antineoplastic - Immunomodulators		
POMALYST CAPS	4	PA; QL(1 ea daily)
Antineoplastic Antibiotics		
ADRIAMYCIN SOLR	4	PA; SP
<i>bleomycin sulfate solr 15 unit</i>	4	PA; SP
COSMEGEN SOLR (<i>Use Dactinomycin</i>)	NF	PA; SP
<i>dactinomycin solr</i>	4	PA; SP
DOXIL INJ (<i>Use Doxorubicin HCl Liposomal</i>)	NF	PA; SP
<i>doxorubicin hcl liposomal inj</i>	4	PA; SP
<i>doxorubicin hcl soln</i>	4	PA; SP
<i>doxorubicin hcl solr</i>	4	PA; SP

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Drug Name	Drug Tier	Requirements/ Limits
ELLENCESOLN 50 MG/25ML (Use Epirubicin HCl)	NF	PA; SP
<i>epirubicin hcl soln 50 mg/25ml</i>	4	PA; SP
IDAMYCIN PFS SOLN 5 MG/5ML, 10 MG/10ML (Use Idarubicin HCl)	NF	PA; SP
<i>idarubicin hcl soln 5 mg/5ml, 10 mg/10ml</i>	4	PA; SP
<i>mitomycin solr iv 20 mg</i>	4	PA; SP
<i>mitoxantrone hcl conc</i>	4	PA; SP
VALSTAR SOLN	4	PA; SP
Antineoplastic Enzyme Inhibitors		
AFINITOR TABS	4	PA; QL(1 ea daily); SP
BORTEZOMIB SOLR	4	PA;
BOSULIF TABS 100 MG, 500 MG	4	PA; QL(1 ea daily); SP
BOSULIF TABS 400 MG	4	PA;
BRAFTOVI CAPS	4	PA; SP
CAPRELSA TABS	4	PA; QL(1 ea daily); SP
COMETRIQ KIT	4	PA; QL(4 ea daily); SP
COMETRIQ KIT	4	PA; QL(3 ea daily); SP
COMETRIQ KIT	4	PA; QL(2 ea daily); SP
GILOTRIF TABS	4	PA; QL(1 ea daily)
GLEEVEC TABS (Use Imatinib Mesylate)	NF	PA; QL(2 ea daily); SP
<i>imatinib mesylate tabs</i>	4	PA; QL(2 ea daily); SP
IMBRUVICA CAPS 140 MG	4	PA; QL(3 ea daily)
IMBRUVICA CAPS 70 MG	4	PA; QL(1 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
IMBRUVICA TABS 140 MG, 280 MG, 420 MG, 560 MG	4	PA; QL(1 ea daily)
INLYTA TABS	4	PA; QL(2 ea daily); SP
ISTODAX (OVERFILL) SOLR	4	PA; SP
JAKAFI TABS 10 MG, 15 MG, 20 MG, 25 MG	4	PA; SP
JAKAFI TABS 5 MG	4	PA; QL(2 ea daily); SP
KYPROLIS SOLR	4	PA
LENVIMA 10 MG DAILY DOSE CPPK	4	PA; QL(1 ea daily)
LENVIMA 14 MG DAILY DOSE CPPK	4	PA; QL(2 ea daily)
LENVIMA 20 MG DAILY DOSE CPPK	4	PA; QL(2 ea daily)
LENVIMA 24 MG DAILY DOSE CPPK	4	PA; QL(3 ea daily)
LYNPARZA CAPS	4	PA; QL(16 ea daily)
LYNPARZA TABS	4	PA; QL(16 ea daily)
MEKINIST TABS 0.5 MG	4	PA; QL(3 ea daily)
MEKINIST TABS 2 MG	4	PA; QL(1 ea daily)
MEKTOVI TABS	4	PA; SP
NEXAVAR TABS	4	PA; QL(4 ea daily); SP
NINLARO CAPS	4	PA; QL(0.143 ea daily)
ROMIDEPSIN SOLR	4	PA; SP
SPRYCEL TABS	4	PA; QL(1 ea daily); SP
STIVARGA TABS	4	PA; QL(4 ea daily); SP
SUTENT CAPS 25 MG, 50 MG, 12.5 MG	4	PA; QL(1 ea daily); SP
TAFINLAR CAPS	4	PA; QL(4 ea daily)

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Drug Name	Drug Tier	Requirements/Limits
TARCEVA TABS	4	PA; QL(1 ea daily); SP
TASIGNA CAPS 150 MG, 200 MG	4	PA; QL(4 ea daily); SP
TASIGNA CAPS 50 MG	4	PA; QL(4 ea daily)
<i>temsirolimus soln</i>	4	PA; QL(0.143 ml daily); SP
TORISEL SOLN (<i>Use Temsirolimus</i>)	4	PA; QL(0.143 ml daily); SP
TYKERB TABS	4	PA; QL(6 ea daily); SP
VELCADE SOLR	4	PA; SP
VOTRIENT TABS	4	PA; QL(4 ea daily); SP
XALKORI CAPS	4	PA; QL(2 ea daily); SP
ZELBORAF TABS	4	PA; SP
ZOLINZA CAPS	4	PA; QL(4 ea daily); SP
ZYDELIG TABS	4	PA; QL(2 ea daily)
ZYKADIA CAPS	4	PA; QL(5 ea daily)
Antineoplastic Enzymes		
ERWINAZE SOLR	4	PA; SP
ONCASPAR SOLN	4	PA; SP
Antineoplastics Misc.		
ACTIMMUNE SOLN	4	PA; SP
ARSENIC TRIOXIDE SOLN	4	PA; SP
<i>bexarotene caps</i>	4	PA; SP
<i>dacarbazine solr 200 mg</i>	4	PA; SP
HYDREA CAPS (<i>Use Hydroxyurea</i>)	NF	
<i>hydroxyurea caps</i>	1	
INTRON A SOLR 18 MU	4	PA; SP

Drug Name	Drug Tier	Requirements/Limits
INTRON A W/DILUENT SOLR 18 MU	4	PA; SP
MATULANE CAPS	4	PA; SP
NIPENT SOLR	4	PA; SP
PHOTOFRIN SOLR	4	PA; SP
PROLEUKIN SOLR	4	PA; SP
SYLATRON KIT	4	PA; SP
SYNRIBO SOLR	4	PA; SP
TARGRETIN CAPS OR 75 MG (<i>Use Bexarotene</i>)	NF	PA; SP
<i>tretinoin (chemotherapy) caps</i>	1	
TRISENOX SOLN 10 MG/10ML	4	PA; SP
UVADEX SOLN	4	PA; SP
Chemotherapy Adjuncts		
KEPIVANCE SOLR	4	PA; SP
Chemotherapy Rescue/Antidote Agents		
<i>leucovorin calcium solr ij 50 mg, 100 mg, 200 mg, 350 mg, 500 mg</i>	1	
LEUCOVORIN CALCIUM TABS OR 10 MG, 15 MG	1	
<i>leucovorin calcium tabs or 5 mg, 25 mg</i>	1	
VORAXAZE SOLR	4	PA; SP
Mitotic Inhibitors		
ABRAXANE SUSR	4	PA; SP
DOCEFREZ SOLR	4	PA; SP
<i>docetaxel conc 20 mg/ml</i>	4	PA; SP
DOCETAXEL CONC 20 MG/ML, 20 MG/0.5ML	4	PA; SP
<i>docetaxel soln 20 mg/2ml</i>	4	PA; SP

Drug Name	Drug Tier	Requirements/ Limits
DOCETAXEL SOLN 20 MG/2ML	4	PA; SP
DOCETAXEL SOLN 20 MG/2ML (Use Docetaxel)	4	PA; SP
ETOPOPHOS SOLR	4	PA; SP
ETOPOSIDE CAPS OR 50 MG	4	PA; SP
<i>etoposide soln iv 1 gm/50ml, 100 mg/5ml, 500 mg/25ml</i>	4	PA; SP
HALAVEN SOLN	4	PA; SP
IXEMPRA KIT SOLR 15 MG	4	PA; SP
JEVTANA SOLN	4	PA; SP
NAVELBINE SOLN 10 MG/ML (Use Vinorelbine Tartrate)	NF	PA; SP
<i>paclitaxel conc 100 mg/16.7ml</i>	4	PA; SP
PACLITAXEL CONC 150 MG/25ML	4	PA; SP
TAXOTERE CONC 20 MG/ML (Use Docetaxel)	4	PA; SP
TENIPOSIDE SOLN	4	PA; SP
<i>vincristine sulfate soln</i>	4	PA; SP
<i>vinorelbine tartrate soln 10 mg/ml</i>	4	PA; SP
Topoisomerase I Inhibitors		
CAMPTOSAR SOLN 40 MG/2ML, 100 MG/5ML (Use Irinotecan HCl)	NF	PA; SP
HYCAMTIN CAPS OR 0.25 MG, 1 MG	4	PA; SP
HYCAMTIN SOLR IV 4 MG (Use Topotecan HCl)	NF	PA; SP
<i>irinotecan hcl soln</i>	4	PA; SP
<i>topotecan hcl solr 4 mg</i>	4	PA; SP
ANTIPARKINSON AND RELATED THERAPY AGENTS - Drugs to Treat Parkinson's Disease		

Drug Name	Drug Tier	Requirements/ Limits
Antiparkinson Adjuvants		
<i>carbidopa tabs</i>	1	
LODOSYN TABS (Use Carbidopa)	NF	
Antiparkinson Anticholinergics		
<i>benztropine mesylate soln</i>	1	
<i>benztropine mesylate tabs</i>	1	
COGENTIN SOLN (Use Benztropine Mesylate)	NF	
<i>trihexyphenidyl hcl elix</i>	1	
<i>trihexyphenidyl hcl tabs</i>	1	
Antiparkinson COMT Inhibitors		
COMTAN TABS (Use Entacapone)	NF	QL(8 ea daily)
<i>entacapone tabs</i>	1	QL(8 ea daily)
TASMAR TABS (Use Tolcapone)	NF	
<i>tolcapone tabs</i>	1	
Antiparkinson Dopaminergics		
<i>amantadine hcl caps</i>	1	
<i>amantadine hcl syrp</i>	1	
<i>amantadine hcl tabs</i>	1	
<i>bromocriptine mesylate caps</i>	1	
<i>bromocriptine mesylate tabs</i>	1	
<i>carbidopa-levodopa tabs</i>	1	
<i>carbidopa-levodopa tbc</i>	1	
<i>carbidopa-levodopa tbdp</i>	1	
CARBIDOPA/LEVODOPA/ENTACAPONE TABS	1	
MIRAPEX TABS 0.125 MG (Use Pramipexole Dihydrochloride)	NF	QL(4 ea daily)

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Drug Name	Drug Tier	Requirements/Limits
MIRAPEX TABS 0.25 MG, 0.75 MG, 0.5 MG, 1 MG, 1.5 MG (<i>Use Pramipexole Dihydrochloride</i>)	NF	
NEUPRO PT24	2	
PARLODEL CAPS (<i>Use Bromocriptine Mesylate</i>)	NF	
PARLODEL TABS (<i>Use Bromocriptine Mesylate</i>)	NF	
<i>pramipexole dihydrochloride tabs 0.125 mg</i>	1	QL(4 ea daily)
<i>pramipexole dihydrochloride tabs 0.25 mg, 0.75 mg, 0.5 mg, 1 mg, 1.5 mg</i>	1	
REQUIP TABS (<i>Use Ropinirole Hydrochloride</i>)	NF	
REQUIP XL TB24 2 MG, 4 MG, 6 MG (<i>Use Ropinirole Hydrochloride</i>)	NF	ST; QL(1 ea daily)
REQUIP XL TB24 8 MG, 12 MG (<i>Use Ropinirole Hydrochloride</i>)	NF	ST; QL(2 ea daily)
<i>ropinirole hydrochloride tabs 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg</i>	1	
<i>ropinirole hydrochloride tb24 2 mg, 4 mg, 6 mg</i>	1	ST; QL(1 ea daily)
<i>ropinirole hydrochloride tb24 8 mg, 12 mg</i>	1	ST; QL(2 ea daily)
SINEMET CR TBCR (<i>Use Carbidopa-Levodopa</i>)	NF	
SINEMET TABS (<i>Use Carbidopa-Levodopa</i>)	NF	
STALEVO 100 TABS	1	
STALEVO 125 TABS	1	
STALEVO 150 TABS	1	
STALEVO 200 TABS	1	
STALEVO 50 TABS	1	

Drug Name	Drug Tier	Requirements/Limits
STALEVO 75 TABS	1	
Antiparkinson Monoamine Oxidase Inhibitors		
AZILECT TABS (<i>Use Rasagiline Mesylate</i>)	NF	PA; QL(1 ea daily)
ELDEPRYL CAPS (<i>Use Selegiline HCl</i>)	NF	
<i>rasagiline mesylate tabs</i>	1	PA; QL(1 ea daily)
<i>selegiline hcl caps</i>	1	
<i>selegiline hcl tabs</i>	1	
ANTIPSYCHOTICS/ANTIMANIC AGENTS - Drugs to Treat Mood Disorders		
Antimanic Agents		
<i>lithium carbonate caps 150 mg, 300 mg, 600 mg</i>	1	
LITHIUM CARBONATE CAPS 150 MG, 600 MG (<i>Use 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 (<i>Use 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 OR 20 MG, 40 MG, 60 MG, 80 MG (<i>Use Ziprasidone HCl</i>)	NF	QL(2 ea daily); AL(At least 18 yrs old)
LATUDA TABS	3	PA; QL(1 ea daily)
<i>ziprasidone hcl caps</i>	1	QL(2 ea daily); AL(At least 18 yrs old)
Benzisoxazoles		

Drug Name	Drug Tier	Requirements/Limits
FANAPT TABS	2	PA; QL(2 ea daily)
FANAPT TITRATION PACK TABS	2	PA
INVEGA TB24 3 MG, 9 MG, 1.5 MG (Use Paliperidone)	NF	QL(1 ea daily)
INVEGA TB24 6 MG (Use Paliperidone)	NF	QL(2 ea daily)
paliperidone tb24 3 mg, 9 mg, 1.5 mg	1	QL(1 ea daily)
paliperidone tb24 6 mg	1	QL(2 ea daily)
RISPERDAL CONSTA SUSR	2	PA; QL(0.072 ea daily)
RISPERDAL M-TAB TBDP (Use Risperidone)	NF	QL(2 ea daily)
RISPERDAL SOLN 1 MG/ML (Use Risperidone)	NF	QL(8 ml daily)
RISPERDAL TABS 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG (Use Risperidone)	NF	QL(4 ea daily)
risperidone soln 1 mg/ml	1	QL(8 ml daily)
risperidone tabs 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg	1	QL(4 ea daily)
risperidone tbdp 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg	1	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	
haloperidol decanoate soln	1	QL(0.036 ml daily)
haloperidol lactate conc	1	
haloperidol lactate soln	1	

Drug Name	Drug Tier	Requirements/Limits
haloperidol tabs	1	
Dibenzapines		
CLOZAPINE ODT TBDP 150 MG, 200 MG	1	
clozapine tabs	1	
clozapine tbdp	1	
CLOZARIL TABS (Use Clozapine)	NF	
FAZACLO TBDP 150 MG, 200 MG	1	
FAZACLO TBDP 25 MG, 100 MG, 12.5 MG (Use Clozapine)	NF	
loxapine succinate caps	1	
olanzapine solr im 10 mg	1	QL(0.215 ea daily)
olanzapine tabs or 10 mg, 15 mg, 20 mg, 7.5 mg	1	QL(2 ea daily)
olanzapine tabs or 5 mg, 2.5 mg	1	QL(4 ea daily)
olanzapine tbdp or 5 mg, 10 mg, 15 mg, 20 mg	1	
quetiapine fumarate tabs 25 mg, 50 mg, 100 mg, 200 mg	1	QL(4 ea daily); AL(At least 10 yrs old)
quetiapine fumarate tabs 300 mg, 400 mg	1	QL(2 ea daily); AL(At least 10 yrs old)
quetiapine fumarate tb24 300 mg, 400 mg	1	PA; QL(2 ea daily); AL(At least 10 yrs old)
quetiapine fumarate tb24 50 mg, 150 mg, 200 mg	1	PA; QL(1 ea daily); AL(At least 10 yrs old)
SAPHRIS SUBL 2.5 MG	2	
SAPHRIS SUBL 5 MG, 10 MG	2	PA; QL(2 ea daily)
SEROQUEL TABS 25 MG, 50 MG, 100 MG, 200 MG (Use Quetiapine Fumarate)	NF	QL(4 ea daily); AL(At least 10 yrs old)

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

Drug Name	Drug Tier	Requirements/ Limits
ABILIFY TABS (<i>Use Aripiprazole</i>)	NF	QL(1 ea daily); AL(At least 6 yrs old)
<i>aripiprazole soln 1 mg/ml</i>	3	QL(30 ml daily); AL(At least 6 yrs old)
<i>aripiprazole tabs 2 mg, 5 mg, 10 mg, 15 mg, 20 mg, 30 mg</i>	1	QL(1 ea daily); AL(At least 6 yrs old)
REXULTI TABS	3	PA
Thioxanthenes		
<i>thiothixene caps</i>	1	
ANTIVIRALS - Drugs to Treat Viral Infections		
Antiretrovirals		
<i>abacavir sulfate soln 20 mg/ml</i>	1	
<i>abacavir sulfate tabs 300 mg</i>	1	QL(2 ea daily)
<i>abacavir sulfate-lamivudine tabs</i>	1	QL(1 ea daily)
<i>abacavir sulfate-lamivudine-zidovudine tabs</i>	1	QL(2 ea daily)
APTIVUS CAPS 250 MG	2	QL(4 ea daily)
APTIVUS SOLN 100 MG/ML	2	QL(10 ml daily)
<i>atazanavir sulfate caps 150 mg, 200 mg</i>	1	QL(2 ea daily)
<i>atazanavir sulfate caps 300 mg</i>	1	QL(1 ea daily)
ATRIPLA TABS	3	QL(1 ea daily)
BIKTARVY TABS	3	QL(1 ea daily)
CIMDUO TABS	2	QL(1 ea daily)
COMBIVIR TABS (<i>Use Lamivudine-Zidovudine</i>)	NF	QL(2 ea daily)
COMPLERA TABS	3	QL(1 ea daily)
CRIXIVAN CAPS 200 MG	2	QL(9 ea daily)
CRIXIVAN CAPS 400 MG	2	QL(6 ea daily)

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Drug Name	Drug Tier	Requirements/Limits
DESCOVY TABS	2	QL(1 ea daily)
<i>didanosine cpdr 200 mg</i>	1	QL(2 ea daily)
<i>didanosine cpdr 250 mg, 400 mg</i>	1	QL(1 ea daily)
EDURANT TABS	2	QL(1 ea daily)
<i>efavirenz caps 200 mg</i>	1	QL(2 ea daily)
<i>efavirenz caps 50 mg</i>	1	QL(3 ea daily)
<i>efavirenz tabs 600 mg</i>	1	QL(1 ea daily)
EMTRIVA CAPS 200 MG	2	QL(1 ea daily)
EMTRIVA SOLN 10 MG/ML	2	
EPIVIR SOLN 10 MG/ML (Use Lamivudine)	NF	QL(30 ml daily)
EPIVIR TABS 150 MG (Use Lamivudine)	NF	QL(2 ea daily)
EPIVIR TABS 300 MG (Use Lamivudine)	NF	QL(1 ea daily)
EPZICOM TABS (Use Abacavir Sulfate-Lamivudine)	NF	QL(1 ea daily)
<i>fosamprenavir calcium tabs</i>	1	QL(4 ea daily)
FUZEON SOLR	4	PA; SP
GENVOYA TABS	3	QL(1 ea daily)
INTELENCE TABS 100 MG	2	QL(4 ea daily)
INTELENCE TABS 200 MG	2	QL(2 ea daily)
INTELENCE TABS 25 MG	2	QL(8 ea daily)
INVIRASE CAPS 200 MG	2	QL(10 ea daily)
INVIRASE TABS 500 MG	2	QL(4 ea daily)
ISENTRESS CHEW 25 MG, 100 MG	2	
ISENTRESS HD TABS	2	QL(2 ea daily)

Drug Name	Drug Tier	Requirements/Limits
ISENTRESS TABS 400 MG	2	QL(2 ea daily)
JULUCA TABS	3	QL(1 ea daily)
KALETRA SOLN 400MG/5ML-100MG/5ML (Use Lopinavir-Ritonavir)	NF	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)	NF	QL(4 ea daily)
<i>lopinavir-ritonavir soln</i>	1	QL(12.5 ml daily)
<i>nevirapine susp 50 mg/5ml</i>	1	QL(40 ml daily)
<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)
NORVIR PACK 100 MG	2	QL(12 ea daily)30 rtl lmt day(s),30 mail lmt day(s),
NORVIR SOLN 80 MG/ML	2	QL(15 ml daily)
NORVIR TABS 100 MG (Use Ritonavir)	2	QL(12 ea daily)
ODEFSEY TABS	3	QL(1 ea daily)
PREZCOBIX TABS	2	QL(1 ea daily)
PREZISTA SUSP 100 MG/ML	2	QL(12 ml daily)

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Drug Name	Drug Tier	Requirements/Limits
PREZISTA TABS 75 MG, 150 MG, 600 MG	2	QL(2 ea daily)
PREZISTA TABS 800 MG	2	QL(1 ea daily)
RESCRIPTOR TABS 100 MG	2	QL(12 ea daily)
RESCRIPTOR TABS 200 MG	2	QL(6 ea daily)
RETROVIR CAPS 100 MG (Use Zidovudine)	NF	QL(6 ea daily)
RETROVIR IV INFUSION SOLN	1	
RETROVIR SYRP 50 MG/5ML (Use Zidovudine)	NF	QL(60 ml daily)
REYATAZ CAPS 150 MG, 200 MG (Use Atazanavir Sulfate)	NF	QL(2 ea daily)
REYATAZ CAPS 300 MG (Use Atazanavir Sulfate)	NF	QL(1 ea daily)
<i>ritonavir tabs</i>	1	QL(12 ea daily)
SELZENTRY SOLN 20 MG/ML	2	QL(30 ml daily)
SELZENTRY TABS 150 MG	2	QL(2 ea daily)
SELZENTRY TABS 300 MG	2	QL(4 ea daily)
<i>stavudine caps</i>	1	QL(2 ea daily)
STRIBILD TABS	3	QL(1 ea daily)
SUSTIVA CAPS 200 MG (Use Efavirenz)	NF	QL(2 ea daily)
SUSTIVA CAPS 50 MG (Use Efavirenz)	NF	QL(3 ea daily)
SUSTIVA TABS 600 MG (Use Efavirenz)	NF	QL(1 ea daily)
SYMFI LO TABS	2	QL(1 ea daily)
SYMFI TABS	2	QL(1 ea daily)
<i>tenofovir disoproxil fumarate tabs</i>	1	
TIVICAY TABS	3	
TRIUMEQ TABS	3	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/Limits
TRIZIVIR TABS (Use Abacavir Sulfate-Lamivudine-Zidovudine)	NF	QL(2 ea daily)
TRUVADA TABS 150MG-100MG, 200MG-133MG, 250MG-167MG	2	PA; QL(1 ea daily, 30 day(s) limit)
TRUVADA TABS 300MG-200MG	2	PA; QL(1 ea daily)
TYBOST TABS	2	QL(1 ea daily)
VIDEX EC CPDR 125 MG	2	QL(2 ea daily)
VIDEX EC CPDR 200 MG (Use Didanosine)	NF	QL(2 ea daily)
VIDEX EC CPDR 250 MG, 400 MG (Use Didanosine)	NF	QL(1 ea daily)
VIDEXPEDIATRIC SOLR	2	
VIRACEPT TABS 250 MG	2	QL(10 ea daily)
VIRACEPT TABS 625 MG	2	QL(4 ea daily)
VIRAMUNE SUSP 50 MG/5ML (Use Nevirapine)	1	QL(40 ml daily)
VIRAMUNE TABS 200 MG (Use Nevirapine)	NF	QL(2 ea daily)
VIRAMUNE XR TB24 100 MG (Use Nevirapine)	NF	QL(3 ea daily)
VIRAMUNE XR TB24 400 MG (Use Nevirapine)	NF	QL(1 ea daily)
VIREAD POWD 40 MG/GM	2	
VIREAD TABS 150 MG, 200 MG, 250 MG	2	QL(1 ea daily)
VIREAD TABS 300 MG (Use Tenofovir Disoproxil Fumarate)	NF	
VITEKTA TABS	3	
ZERIT CAPS 15 MG, 20 MG, 30 MG, 40 MG (Use Stavudine)	NF	QL(2 ea daily)
ZERIT SOLR 1 MG/ML	2	QL(80 ml daily)
ZIAGEN SOLN 20 MG/ML (Use Abacavir Sulfate)	NF	
ZIAGEN TABS 300 MG (Use Abacavir Sulfate)	NF	QL(2 ea daily)

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Drug Name	Drug Tier	Requirements/ Limits
<i>zidovudine caps 100 mg</i>	1	QL(6 ea daily)
<i>zidovudine syrp 50 mg/5ml</i>	1	QL(60 ml daily)
<i>zidovudine tabs 300 mg</i>	1	QL(2 ea daily)
CMV Agents		
<i>cidofovir soln</i>	3	
CYTOVENE SOLR (<i>Use Ganciclovir Sodium</i>)	NF	
<i>ganciclovir sodium solr</i>	1	
VALCYTE TABS 450 MG (<i>Use Valganciclovir HCl</i>)	NF	PA; QL(4 ea daily)
<i>valganciclovir hcl tabs 450 mg</i>	1	PA; QL(4 ea daily)
Hepatitis Agents		
<i>adefovir dipivoxil tabs</i>	4	PA; QL(1 ea daily); SP
BARACLUDE SOLN 0.05 MG/ML	4	PA; QL(20 ml daily); SP
BARACLUDE TABS 0.5 MG, 1 MG (<i>Use Entecavir</i>)	NF	PA; QL(1 ea daily); SP
COPEGUS TABS (<i>Use Ribavirin (Hepatitis C)</i>)	NF	PA; QL(7 ea daily)
DAKLINZA TABS 30 MG, 60 MG	4	PA; QL(1 ea daily)
<i>entecavir tabs</i>	4	PA; QL(1 ea daily); SP
EPCLUSA TABS	4	PA; QL(1 ea daily)
EPIVIR HBV SOLN 5 MG/ML	4	PA; QL(60 ml daily); SP
EPIVIR HBV TABS 100 MG (<i>Use Lamivudine (HBV)</i>)	NF	QL(3 ea daily); SP
HARVONI TABS	4	PA; QL(1 ea daily); SP
HEPSERA TABS (<i>Use Adefovir Dipivoxil</i>)	NF	PA; QL(1 ea daily); SP
<i>lamivudine (hbv) tabs</i>	1	QL(3 ea daily); SP
MAVYRET TABS	4	PA; QL(3 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
MODERIBA 1200 DOSE PACK TABS	4	PA
MODERIBA 800 DOSE PACK TABS	4	PA
PEG-INTRON REDIPEN KIT	4	PA; QL(0.143 ea daily); SP
PEGASYS PROCLICK SOLN	4	PA; QL(0.0714 ml daily); SP
PEGASYS SOLN	4	PA; QL(0.0714 ml daily); SP
PEGINTRON KIT	4	PA; QL(0.143 ea daily); SP
REBETOL CAPS 200 MG (<i>Use Ribavirin (Hepatitis C)</i>)	NF	PA; QL(7 ea daily)
REBETOL SOLN 40 MG/ML	4	PA; QL(35 ml daily); SP
RIBASPHERE RIBAPAK TABS 400 MG, 600 MG	4	PA
RIBASPHERE TABS	4	PA
<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); SP
TYZEKA TABS	4	PA; QL(1 ea daily); SP
Herpes Agents		
<i>acyclovir caps 200 mg</i>	1	QL(5 ea daily, 50 ea per fill retail, 50 ea per fill mail)
<i>acyclovir susp 200 mg/5ml</i>	1	QL(13.34 ml daily)
<i>acyclovir tabs 400 mg, 800 mg</i>	1	QL(5 ea daily)
<i>famciclovir tabs 125 mg, 250 mg</i>	1	QL(3 ea daily)
<i>famciclovir tabs 500 mg</i>	1	QL(4 ea daily)
FAMVIR TABS 125 MG, 250 MG (<i>Use Famciclovir</i>)	NF	QL(3 ea daily)
FAMVIR TABS 500 MG (<i>Use Famciclovir</i>)	NF	QL(4 ea daily)

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Drug Name	Drug Tier	Requirements/Limits
<i>valacyclovir hcl tabs 1 gm, 1000 mg</i>	1	QL(4 ea daily)
<i>valacyclovir hcl tabs 500 mg</i>	1	QL(2 ea daily)
VALTREX TABS 1 GM (Use <i>Valacyclovir HCl</i>)	NF	QL(4 ea daily)
VALTREX TABS 500 MG (Use <i>Valacyclovir HCl</i>)	NF	QL(2 ea daily)
ZOVIRAX CAPS OR 200 MG (Use <i>Acyclovir</i>)	NF	QL(5 ea daily,50 ea per fill retail,50 ea per fill mail)
ZOVIRAX SUSP OR 200 MG/5ML (Use <i>Acyclovir</i>)	NF	QL(13.34 ml daily)
ZOVIRAX TABS OR 400 MG, 800 MG (Use <i>Acyclovir</i>)	NF	QL(5 ea daily)
Influenza Agents		
FLUMADINE TABS (Use <i>Rimantadine Hydrochloride</i>)	NF	QL(2 ea daily)
<i>oseltamivir phosphate caps or 30 mg, 45 mg, 75 mg</i>	1	Limit 1 fill every 90 days.;QL(10 ea per fill retail,10 ea per fill mail)1 rtl MAX fill,90 rtl day(s) supply,1 mail MAX fill,90 mail day(s) supply,
<i>oseltamivir phosphate susr or 6 mg/ml</i>	1	Limit 1 fill every 90 days.;QL(125 ml per fill retail)1 rtl MAX fill,90 rtl day(s) supply,
RELENZA DISKHALER AEPB	2	
<i>rimantadine hydrochloride tabs</i>	1	QL(2 ea daily)

Drug Name	Drug Tier	Requirements/Limits
TAMIFLU CAPS 30 MG, 45 MG, 75 MG (Use <i>Oseltamivir Phosphate</i>)	NF	Limit 1 fill every 90 days.;QL(10 ea per fill retail,10 ea per fill mail)1 rtl MAX fill,90 rtl day(s) supply,1 mail MAX fill,90 mail day(s) supply,
TAMIFLU SUSR 6 MG/ML (Use <i>Oseltamivir Phosphate</i>)	NF	Limit 1 fill every 90 days.;QL(125 ml per fill retail)1 rtl MAX fill,90 rtl day(s) supply,

BETA BLOCKERS - Drugs to Treat High Blood Pressure

Alpha-Beta Blockers

<i>carvedilol tabs</i>	1	
COREG TABS (Use <i>Carvedilol</i>)	NF	
<i>labetalol hcl soln</i>	1	
<i>labetalol hcl tabs</i>	1	

Beta Blockers Cardio-Selective

<i>acebutolol hcl caps</i>	1	
<i>atenolol tabs</i>	1	
<i>betaxolol hcl tabs</i>	1	
<i>bisoprolol fumarate tabs</i>	1	
BYSTOLIC TABS 20 MG	2	PA; QL(2 ea daily)
BYSTOLIC TABS 5 MG, 10 MG, 2.5 MG	2	PA; QL(1 ea daily)
LOPRESSOR TABS (Use <i>Metoprolol Tartrate</i>)	NF	
<i>metoprolol succinate tb24</i>	1	
<i>metoprolol tartrate soln iv 5 mg/5ml</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
<i>metoprolol tartrate tabs or 25 mg, 50 mg, 100 mg</i>	1	
SECTRAL CAPS (Use <i>Acebutolol HCl</i>)	NF	
TENORMIN TABS (Use <i>Atenolol</i>)	NF	
TOPROL XL TB24 (Use <i>Metoprolol Succinate</i>)	NF	
ZEBETA TABS (Use <i>Bisoprolol Fumarate</i>)	NF	
Beta Blockers Non-Selective		
BETAPACE AF TABS (Use <i>Sotalol HCl (AFIB/AFL)</i>)	NF	
BETAPACE TABS (Use <i>Sotalol HCl</i>)	NF	QL(2 ea daily)
CORGARD TABS (Use <i>Nadolol</i>)	NF	
HEMANGEOL SOLN	4	PA; QL(75 ml daily)
INDERAL LA CP24 (Use <i>Propranolol HCl</i>)	NF	
<i>nadolol tabs</i>	1	
<i>pindolol tabs</i>	1	
<i>propranolol hcl cp24 or 60 mg, 80 mg, 120 mg, 160 mg</i>	1	
<i>propranolol hcl soln iv 1 mg/ml</i>	1	
PROPRANOLOL HCL SOLN OR 20 MG/5ML, 40 MG/5ML	1	
<i>propranolol hcl tabs or 10 mg, 20 mg, 40 mg, 60 mg, 80 mg</i>	1	
<i>sotalol hcl (afib/af) tabs</i>	1	
<i>sotalol hcl tabs 240 mg</i>	1	
<i>sotalol hcl tabs 80 mg, 120 mg, 160 mg</i>	1	QL(2 ea daily)
TIMOLOL MALEATE TABS	1	
CALCIUM CHANNEL BLOCKERS - Drugs to Treat High Blood Pressure		

Drug Name	Drug Tier	Requirements/ Limits
Calcium Channel Blockers		
ADALAT CC TB24 (Use <i>Nifedipine</i>)	NF	
<i>amlodipine besylate tabs</i>	1	
CALAN SR TBCR (Use <i>Verapamil HCl</i>)	NF	
CALAN TABS (Use <i>Verapamil HCl</i>)	NF	
CARDIZEM CD CP24 (Use <i>Diltiazem HCl Coated Beads</i>)	NF	
CARDIZEM LA TB24 180 MG, 240 MG, 300 MG, 360 MG, 420 MG (Use <i>Diltiazem HCl Coated Beads</i>)	NF	
CARDIZEM TABS (Use <i>Diltiazem HCl</i>)	NF	
<i>diltiazem hcl coated beads cp24</i>	1	
<i>diltiazem hcl coated beads tb24</i>	1	
<i>diltiazem hcl cp12 or 60 mg, 90 mg, 120 mg</i>	1	
<i>diltiazem hcl cp24 or 120 mg, 180 mg, 240 mg</i>	1	
<i>diltiazem hcl extended release beads cp24 120 mg, 180 mg, 240 mg, 300 mg, 360 mg</i>	1	
<i>diltiazem hcl soln iv 50 mg/10ml</i>	1	
DILTIAZEM HCL SOLR IV 100 MG	1	
<i>diltiazem hcl tabs or 30 mg, 60 mg, 90 mg, 120 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	

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Drug Name	Drug Tier	Requirements/ Limits
<i>nifedipine tb24</i>	1	
<i>nimodipine caps</i>	1	
NISOLDIPINE ER TB24 20 MG, 30 MG, 40 MG	1	
<i>nisoldipine tb24</i>	1	
NORVASC TABS (<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 120 MG, 180 MG, 240 MG, 300 MG, 360 MG (<i>Use Diltiazem HCl Extended Release Beads</i>)	NF	
<i>verapamil hcl cp24</i>	1	
<i>verapamil hcl soln</i>	1	
VERAPAMIL HCL SR CP24	1	
<i>verapamil hcl tabs</i>	1	
<i>verapamil hcl tbc</i>	1	
VERELAN CP24 120 MG, 180 MG, 240 MG (<i>Use Verapamil HCl</i>)	NF	
VERELAN CP24 360 MG	1	
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	

Drug Name	Drug Tier	Requirements/ Limits
<i>digoxin tabs or 0.125 mg, 0.25 mg, 125 mcg, 250 mcg</i>	1	
LANOXIN SOLN IJ 0.25 MG/ML (<i>Use Digoxin</i>)	2	
LANOXIN TABS OR 125 MCG, 250 MCG (<i>Use Digoxin</i>)	2	
LANOXIN TABS OR 62.5 MCG, 187.5 MCG	2	
CARDIOVASCULAR AGENTS - MISC. - Drugs to Treat Heart and Circulation Conditions		
Cardiovascular Agents Misc. - Combinations		
<i>amlodipine besylate-atorvastatin calcium tabs</i>	1	QL(1 ea daily)
BIDIL TABS	2	
CADUET TABS (<i>Use Amlodipine Besylate-Atorvastatin Calcium</i>)	NF	QL(1 ea daily)
ENTRESTO TABS	3	PA
Impotence Agents		
CIALIS TABS 5 MG (<i>Use Tadalafil</i>)	3	PA; BPH Only;QL(1 ea daily)
<i>sildenafil citrate tabs</i>	1	PA; QL(0.1334 ea daily)
STENDRA TABS	3	QL(0.134 ea daily)
<i>tadalafil tabs 5 mg</i>	1	PA; BPH Only;QL(1 ea daily)
VIAGRA TABS (<i>Use Sildenafil Citrate</i>)	NF	PA; QL(0.1334 ea daily)
Prostaglandin Vasodilators		
<i>epoprostenol sodium solr</i>	4	PA
FLOLAN SOLR (<i>Use Epoprostenol Sodium</i>)	NF	PA
ORENITRAM TBCR 0.125 MG, 0.25 MG, 1 MG, 2.5 MG	3	PA
REMODULIN SOLN	4	PA; SP

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

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

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

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

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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	
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	
QUARTETTE TABS (Use Levonorgestrel-Ethinyl Estradiol (91-Day))	0	
SAFYRAL TABS (Use Drospirenone-Ethinyl Estradiol-Levomefolate Calcium)	0	
SEASONIQUE TABS (Use Levonorgestrel-Ethinyl Estradiol (91-Day))	0	

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Drug Name	Drug Tier	Requirements/ Limits
TAYTULLA CAPS	0	
TRI-NORINYL 28 TABS (Use Norethindrone-Eth Estradiol (Triphasic))	0	
YASMIN 28 TABS (Use Drospirenone-Ethinyl Estradiol)	0	
YAZ TABS (Use Drospirenone-Ethinyl Estradiol)	0	
Combination Contraceptives - Transdermal		
XULANE PTWK	0	
Combination Contraceptives - Vaginal		
NUVARING RING	0	
Copper Contraceptives - IUD		
PARAGARD INTRAUTERINE COPPER CONTRACEPTIVE T380A IUD	0	
Emergency Contraceptives		
ELLA TABS	0	
<i>levonorgestrel (emergency oc) tabs</i>	0	
PLAN B ONE-STEP TABS (Use Levonorgestrel (Emergency OC))	0	
Progestin Contraceptives - IUD		
KYLEENA IUD	0	
LILETTA IUD	0	
MIRENA IUD	0	
SKYLA IUD	0	
Progestin Contraceptives - Implants		
NEXPLANON IMPL	0	
Progestin Contraceptives - Injectable		

Drug Name	Drug Tier	Requirements/ Limits
DEPO-PROVERA CONTRACEPTIVE SUSP (Use Medroxyprogesterone Acetate (Contraceptive))	0	QL(1 ml per 90 days retail)
DEPO-PROVERA CONTRACEPTIVE SUSY (Use Medroxyprogesterone Acetate (Contraceptive))	0	QL(90 day(s) limit, 1 ml per 90 days retail)
DEPO-SUBQ PROVERA 104 SUSY	0	
<i>medroxyprogesterone acetate (contraceptive) susp</i>	0	QL(1 ml per 90 days retail)
<i>medroxyprogesterone acetate (contraceptive) susy</i>	0	QL(90 day(s) limit, 1 ml per 90 days retail)
Progestin Contraceptives - Oral		
NOR-QD TABS (Use Norethindrone (Contraceptive))	0	
<i>norethindrone (contraceptive) tabs</i>	0	
ORTHO MICRONOR TABS (Use Norethindrone (Contraceptive))	0	
CORTICOSTEROIDS - Steroid Hormone Drugs to Treat Systemic Swelling Conditions		
Glucocorticosteroids		
<i>budesonide cpep 3 mg</i>	1	PA
CORTEF TABS (Use Hydrocortisone)	NF	
CORTISONE ACETATE TABS	1	
DEPO-MEDROL SUSP 20 MG/ML	3	
DEPO-MEDROL SUSP 40 MG/ML, 80 MG/ML (Use Methylprednisolone Acetate)	NF	
<i>dexamethasone elix 0.5 mg/5ml</i>	1	
DEXAMETHASONE INTENSOL CONC	1	

Drug Name	Drug Tier	Requirements/ Limits
<i>dexamethasone sodium phosphate soln ij 4 mg/ml, 20 mg/5ml, 120 mg/30ml</i>	1	
DEXAMETHASONE SOLN 0.5 MG/5ML	1	
<i>dexamethasone tabs 0.75 mg, 0.5 mg, 4 mg, 6 mg, 1.5 mg</i>	1	
DEXAMETHASONE TABS 1 MG, 2 MG	1	
EMFLAZA SUSP	4	PA
EMFLAZA TABS	4	PA
ENTOCORT EC CPEP (Use Budesonide)	NF	PA
<i>hydrocortisone tabs</i>	1	
KENALOG-40 SUSP (Use Triamcinolone Acetonide)	NF	
MEDROL DOSEPAK TBPK (Use Methylprednisolone)	NF	
MEDROL TABS 2 MG	3	
MEDROL TABS 4 MG, 8 MG, 16 MG, 32 MG (Use Methylprednisolone)	NF	
<i>methylprednisolone acetate susp 40 mg/ml, 80 mg/ml</i>	1	
<i>methylprednisolone sod succ solr</i>	1	
<i>methylprednisolone tabs or 4 mg, 8 mg, 16 mg, 32 mg</i>	1	
<i>methylprednisolone tbpk or 4 mg</i>	1	
MILLIPRED DP TBPK	3	
MILLIPRED SOLN 10 MG/5ML (Use Prednisolone Sodium Phosphate)	NF	
MILLIPRED TABS 5 MG	3	
ORAPRED ODT TBDP (Use Prednisolone Sodium Phosphate)	NF	

Drug Name	Drug Tier	Requirements/ Limits
PEDIAPRED SOLN (Use Prednisolone Sodium Phosphate)	NF	
PREDNISOLONE SODIUM PHOSPHATE SOLN OR 25 MG/5ML	1	
<i>prednisolone sodium phosphate soln or 5 mg/5ml, 10 mg/5ml, 15 mg/5ml, 20 mg/5ml</i>	1	
<i>prednisolone sodium phosphate tbdp or 10 mg, 15 mg, 30 mg</i>	3	
<i>prednisolone soln</i>	1	
<i>prednisolone syrp</i>	1	
PREDNISON SOLN 5 MG/5ML	1	
<i>prednisone tabs 1 mg, 5 mg, 10 mg, 20 mg, 2.5 mg</i>	1	
PREDNISON TABS 50 MG	1	
PREDNISON TBPK 5 MG, 10 MG	1	
SOLU-CORTEF SOLR 250 MG	3	
SOLU-MEDROL SOLR 2 GM	3	
SOLU-MEDROL SOLR 40 MG, 125 MG, 1000 MG (Use Methylprednisolone Sod Succ)	NF	
SOLU-MEDROL SOLR 500 MG	1	
<i>triamcinolone acetonide susp</i>	1	
VERIPRED 20 SOLN (Use Prednisolone Sodium Phosphate)	NF	
Mineralocorticoids		
<i>fludrocortisone acetate tabs</i>	1	
COUGH/COLD/ALLERGY - Drugs to Treat Cough, Cold and Allergy Symptoms		
Antitussives		

Drug Name	Drug Tier	Requirements/Limits
<i>benzonatate caps 100 mg</i>	1	QL(6 ea daily)
<i>benzonatate caps 150 mg</i>	1	QL(4 ea daily)
<i>benzonatate caps 200 mg</i>	1	QL(3 ea daily)
TESSALON PERLES CAPS (<i>Use Benzonatate</i>)	NF	QL(6 ea daily)
Cough/Cold/Allergy Combinations		
ALLEGRA-D 12 HOUR ALLERGY & CONGESTION TB12 (<i>Use Fexofenadine-Pseudoephedrine</i>)	NF	QL(2 ea daily)
ALLEGRA-D 24 HOUR ALLERGY & CONGESTION TB24 (<i>Use Fexofenadine-Pseudoephedrine</i>)	NF	QL(1 ea daily)
<i>cetirizine-pseudoephedrine tb12</i>	1	QL(2 ea daily)
CLARITIN-D 12 HOUR TB12 (<i>Use Loratadine & Pseudoephedrine</i>)	1	QL(2 ea daily)
CLARITIN-D 24 HOUR TB24 (<i>Use Loratadine & Pseudoephedrine</i>)	1	QL(1 ea daily)
<i>fexofenadine-pseudoephedrine tb12 60mg-120mg</i>	1	QL(2 ea daily)
<i>fexofenadine-pseudoephedrine tb24 180mg-240mg</i>	1	QL(1 ea daily)
FLOWTUSS SOLN	2	
HYDROCODONE BITARTRATE/GUAIFENES IN SOLN	2	
<i>loratadine & pseudoephedrine tb12 5mg-120mg</i>	1	QL(2 ea daily)
<i>loratadine & pseudoephedrine tb24 10mg-240mg, 10mg-10mg-240mg-240mg</i>	1	QL(1 ea daily)
OBREDON SOLN	2	

Drug Name	Drug Tier	Requirements/Limits
VITUZ SOLN	3	PA
ZYRTEC-D ALLERGY/CONGESTION TB12 (<i>Use Cetirizine-Pseudoephedrine</i>)	1	QL(2 ea daily)
Misc. Respiratory Inhalants		
HYPER-SAL NEBU (<i>Use Sodium Chloride (Inhalant)</i>)	NF	
HYPERSAL NEBU 3.5 %	1	
HYPERSAL NEBU 7 % (<i>Use Sodium Chloride (Inhalant)</i>)	NF	
NEBUSAL NEBU	1	
<i>sodium chloride (inhalant) nebu 7 %</i>	1	
Mucolytics		
<i>acetylcysteine soln</i>	1	
DERMATOLOGICALS - Drugs to Treat Skin Conditions		
Acne Products		
<i>adapalene crea 0.1 %</i>	1	PA; AL(At least 12 yrs old)
<i>adapalene gel 0.1 %</i>	1	PA; AL(At least 12 yrs old); RX/OTC
<i>adapalene gel 0.3 %</i>	1	ST; AL(At least 12 yrs old)
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 (<i>Use Clindamycin Phosphate-Benzoyl Peroxide</i>)	NF	PA; AL(At least 12 yrs old)
BENZAACLIN WITH PUMP GEL (<i>Use Clindamycin Phosphate-Benzoyl Peroxide</i>)	NF	PA; AL(At least 12 yrs old)

Drug Name	Drug Tier	Requirements/ Limits
BENZAMYCIN GEL (<i>Use Benzoyl Peroxide-Erythromycin</i>)	NF	PA; AL(At least 12 yrs old)
BENZEFOAM FOAM (<i>Use Benzoyl Peroxide</i>)	NF	AL(At least 12 yrs old); RX/OTC
BENZEFOAM ULTRA FOAM (<i>Use Benzoyl Peroxide</i>)	NF	AL(At least 12 yrs old)
BENZOYL PEROXIDE CLEANSER LOTN 6 %	2	AL(At least 12 yrs old)
<i>benzoyl peroxide foam 5.3 %</i>	1	AL(At least 12 yrs old); RX/OTC
<i>benzoyl peroxide foam 9.8 %</i>	1	AL(At least 12 yrs old)
<i>benzoyl peroxide gel 10 %</i>	1	AL(At least 12 yrs old); RX/OTC
<i>benzoyl peroxide gel 5 %</i>	1	AL(At least 12 yrs old)
<i>benzoyl peroxide liqd 10 %</i>	1	AL(At least 12 yrs old); RX/OTC
<i>benzoyl peroxide liqd 4 %, 7 %</i>	1	AL(At least 12 yrs old)
<i>benzoyl peroxide lotn 6 %</i>	1	AL(At least 12 yrs old)
<i>benzoyl peroxide-erythromycin gel</i>	1	PA; AL(At least 12 yrs old)
BP CLEANSING WASH EMUL	2	AL(At least 12 yrs old)
CLEOCIN-T GEL (<i>Use Clindamycin Phosphate (Topical)</i>)	NF	AL(At least 12 yrs old)
CLEOCIN-T LOTN (<i>Use Clindamycin Phosphate (Topical)</i>)	NF	AL(At least 12 yrs old)
CLEOCIN-T SOLN (<i>Use Clindamycin Phosphate (Topical)</i>)	NF	AL(At least 12 yrs old)
CLEOCIN-T SWAB (<i>Use Clindamycin Phosphate (Topical)</i>)	NF	AL(At least 12 yrs old)
<i>clindamycin phosphate (topical) foam</i>	1	PA; AL(At least 12 yrs old)

Drug Name	Drug Tier	Requirements/ Limits
<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)
DESQUAM-X WASH LIQD 10 % (<i>Use Benzoyl Peroxide</i>)	NF	AL(At least 12 yrs old); RX/OTC
DIFFERIN CREA 0.1 % (<i>Use Adapalene</i>)	NF	PA; AL(At least 12 yrs old)
DIFFERIN GEL 0.1 % (<i>Use Adapalene</i>)	NF	PA; AL(At least 12 yrs old); RX/OTC
DIFFERIN GEL 0.3 % (<i>Use Adapalene</i>)	NF	ST; AL(At least 12 yrs old)
DIFFERIN LOTN 0.1 %	1	ST; AL(At least 12 yrs old)
DUAC GEL (<i>Use Clindamycin Phosphate-Benzoyl Peroxide (Refrigerate)</i>)	NF	PA; AL(At least 12 yrs old)
EPIDUO GEL (<i>Use Adapalene-Benzoyl Peroxide</i>)	NF	ST; AL(At least 12 yrs old)
<i>erythromycin (acne aid) pads</i>	1	AL(At least 12 yrs old)
<i>erythromycin (acne aid) soln</i>	1	AL(At least 12 yrs old)
EVOCLIN FOAM (<i>Use Clindamycin Phosphate (Topical)</i>)	NF	PA; AL(At least 12 yrs old)
<i>isotretinoin caps</i>	3	PA; AL(At least 12 yrs old)
KLARON LOTN (<i>Use Sulfacetamide Sodium (Acne)</i>)	NF	AL(At least 12 yrs old)

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Drug Name	Drug Tier	Requirements/ Limits
PANOXYL-4 CREAMY WASH LIQD (Use Benzoyl Peroxide)	NF	AL(At least 12 yrs old)
RETIN-A CREA (Use Tretinoin)	NF	AL(At least 12 yrs old - Up to 30 yrs old)
RETIN-A GEL (Use Tretinoin)	NF	AL(At least 12 yrs old - Up to 30 yrs old)
RETIN-A MICRO GEL 0.1 % (Use Tretinoin Microsphere)	NF	PA; AL(At least 12 yrs old - Up to 30 yrs old)
RETIN-A MICRO PUMP GEL 0.1 % (Use Tretinoin Microsphere)	NF	PA; AL(At least 12 yrs old - Up to 30 yrs old)
sulfacetamide sodium (acne) lotn	1	AL(At least 12 yrs old)
sulfacetamide sodium w/ sulfur crea 5%-10%	1	AL(At least 12 yrs old)
sulfacetamide sodium w/ sulfur emul 5%-10%	1	AL(At least 12 yrs old)
sulfacetamide sodium w/ sulfur liqd 4.5%-9%	1	ST; AL(At least 12 yrs old)
SUMADAN WASH LIQD (Use Sulfacetamide Sodium w/ Sulfur)	NF	ST; AL(At least 12 yrs old)
tretinoin crea 0.025 %, 0.05 %, 0.1 %	1	AL(At least 12 yrs old - Up to 30 yrs old)
tretinoin gel 0.025 %, 0.01 %	1	AL(At least 12 yrs old - Up to 30 yrs old)
tretinoin microsphere gel 0.1 %	1	PA; AL(At least 12 yrs old - Up to 30 yrs old)
ZIANA GEL (Use Clindamycin Phosphate-Tretinoin)	NF	ST; AL(At least 12 yrs old)
Agents for External Genital and Perianal Warts		
VEREGEN OINT	3	
Anti-inflammatory Agents - Topical		
diclofenac sodium (topical) gel 1 %	1	QL(3.34 gm daily)
FLECTOR PTCH	3	PA; QL(2 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
VOLTAREN GEL (Use Diclofenac Sodium (Topical))	NF	QL(3.34 gm daily)
Antibiotics - Topical		
ALTABAX OINT	2	
BACTROBAN CREA (Use Mupirocin Calcium (Topical))	NF	
CORTISPORIN CREA	2	
CORTISPORIN OINT	2	
gentamicin sulfate (topical) crea	1	QL(1 gm daily)
gentamicin sulfate (topical) oint	1	
mupirocin calcium (topical) crea	1	
mupirocin oint	1	
NEO-SYNALAR CREA	3	PA
Antifungals - Topical		
butenafine hcl crea	1	RX/OTC
ciclopirox gel 0.77 %	1	
ciclopirox olamine crea	1	
ciclopirox olamine susp	1	
ciclopirox sham 1 %	1	
ciclopirox soln 8 %	1	
clotrimazole (topical) crea	1	RX/OTC
clotrimazole (topical) soln	1	RX/OTC
clotrimazole w/ betamethasone crea	1	
clotrimazole w/ betamethasone lotn	1	
econazole nitrate crea	1	
ERTACZO CREA	3	

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Drug Name	Drug Tier	Requirements/ Limits
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	
LOTRIMIN AF CREA (Use <i>Clotrimazole (Topical)</i>)	NF	RX/OTC
LOTRIMIN AF FOR HER CREA (Use <i>Clotrimazole (Topical)</i>)	NF	RX/OTC
LOTRIMIN AF JOCK ITCH CREA (Use <i>Clotrimazole (Topical)</i>)	NF	RX/OTC
LOTRIMIN ULTRA CREA	1	RX/OTC
LOTRIMIN ULTRA CREA (Use <i>Butenafine HCl</i>)	1	RX/OTC
LOTRISONE CREA (Use <i>Clotrimazole w/ Betamethasone</i>)	NF	
LULICONAZOLE CREA	3	PA
LUZU CREA	3	PA
MENTAX CREA	1	RX/OTC
<i>naftifine hcl crea 1 %</i>	1	QL(3 gm daily)1 rtl MAX fill,180 rtl day(s) supply,1 mail MAX fill,180 mail day(s) supply,

Drug Name	Drug Tier	Requirements/ Limits
<i>naftifine hcl crea 2 %</i>	1	QL(2 gm daily)1 rtl MAX fill,180 rtl day(s) supply,1 mail MAX fill,180 mail day(s) supply,
NAFTIN CREA 2 % (Use <i>Naftifine HCl</i>)	NF	QL(2 gm daily)1 rtl MAX fill,180 rtl day(s) supply,1 mail MAX fill,180 mail day(s) supply,
NAFTIN GEL 1 %	3	QL(3 gm daily)1 rtl MAX fill,180 rtl day(s) supply,1 mail MAX fill,180 mail day(s) supply,
NIZORAL SHAM (Use <i>Ketoconazole (Topical)</i>)	NF	
<i>nystatin (topical) crea</i>	1	
<i>nystatin (topical) oint</i>	1	
<i>nystatin (topical) powd</i>	1	
<i>nystatin-triamcinolone crea</i>	1	
<i>nystatin-triamcinolone oint</i>	1	
<i>oxiconazole nitrate crea</i>	1	Limit 1 Fill per 180 days;QL(3 gm daily)1 rtl MAX fill,180 rtl day(s) supply,1 mail MAX fill,180 mail day(s) supply,
OXISTAT CREA (Use <i>Oxiconazole Nitrate</i>)	NF	Limit 1 Fill per 180 days;QL(3 gm daily)1 rtl MAX fill,180 rtl day(s) supply,1 mail MAX fill,180 mail day(s) supply,

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Drug Name	Drug Tier	Requirements/ Limits
OXISTAT LOTN	2	Limit 1 Fill per 180 days;QL(2 ml daily)1 rtl MAX fill,180 rtl day(s) supply,1 mail MAX fill,180 mail day(s) supply,
PENLAC NAIL LACQUER SOLN (Use <i>Ciclopirox</i>)	NF	
Antineoplastic or Premalignant Lesion Agents -		
<i>diclofenac sodium (actinic keratoses) gel</i>	1	PA; QL(3.34 gm daily)
EFUDEX CREA (Use <i>Fluorouracil (Topical)</i>)	NF	
<i>fluorouracil (topical) crea</i>	1	
PANRETIN GEL	3	
PICATO GEL 0.015 %	2	QL(3 ea per fill retail,3 ea per fill mail)1 rtl MAX fill,60 rtl day(s) supply,1 mail MAX fill,60 mail day(s) supply,
PICATO GEL 0.05 %	2	QL(2 ea per fill retail,2 ea per fill mail)1 rtl MAX fill,60 rtl day(s) supply,1 mail MAX fill,60 mail day(s) supply,
SOLARAZE GEL (Use <i>Diclofenac Sodium (Actinic Keratoses)</i>)	NF	PA; QL(3.34 gm daily)
TARGRETIN GEL EX 1 %	4	PA; SP
Antipruritics - Topical		

Drug Name	Drug Tier	Requirements/ Limits
DOXEPIN HYDROCHLORIDE CREA	3	PA; Limit 1 Fill per 180 days;QL(45 gm per fill retail,45 gm per fill mail)1 rtl MAX fill,180 rtl day(s) supply,1 mail MAX fill,180 mail day(s) supply,
PRUDOXIN CREA	3	PA; Limit 1 Fill per 180 days;QL(45 gm per fill retail,45 gm per fill mail)1 rtl MAX fill,180 rtl day(s) supply,1 mail MAX fill,180 mail day(s) supply,
ZONALON CREA	3	PA; Limit 1 Fill per 180 days;QL(45 gm per fill retail,45 gm per fill mail)1 rtl MAX fill,180 rtl day(s) supply,1 mail MAX fill,180 mail day(s) supply,
Antipsoriatics		
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	QL(4 gm daily)
<i>calcipotriene oint</i>	1	QL(4 gm daily)
<i>calcipotriene soln</i>	1	QL(4 ml daily)
CALCITRIOL OINT EX 3 MCG/GM	1	

Drug Name	Drug Tier	Requirements/ Limits
COSENTYX SENSOREADY PEN SOAJ	4	PA
COSENTYX SOSY	4	PA
DOVONEX CREA (Use Calcipotriene)	NF	QL(4 gm daily)
<i>methoxsalen rapid caps</i>	1	QL(4 ea daily)
OXSORALEN ULTRA CAPS (Use Methoxsalen Rapid)	NF	QL(4 ea daily)
SORIATANE CAPS 10 MG, 17.5 MG (Use Acitretin)	NF	QL(1 ea daily)
SORIATANE CAPS 25 MG (Use Acitretin)	NF	QL(2 ea daily)
STELARA SOLN SC 45 MG/0.5ML	4	PA
STELARA SOSY SC 90 MG/ML, 45 MG/0.5ML	4	PA; SP
<i>tazarotene crea</i>	1	
TAZORAC CREA 0.05 %	2	
TAZORAC CREA 0.1 % (Use Tazarotene)	NF	
TAZORAC GEL 0.05 %, 0.1 %	2	
VECTICAL OINT	1	
Antiseborrheic Products		
<i>selenium sulfide lotn</i>	1	
Antivirals - Topical		
<i>acyclovir topical oint</i>	1	
DENAVIR CREA	3	
ZOVIRAX CREA EX 5 %	3	
ZOVIRAX OINT EX 5 % (Use Acyclovir Topical)	NF	
Burn Products		
<i>mafenide acetate pack</i>	3	
SILVADENE CREA (Use Silver Sulfadiazine)	NF	

Drug Name	Drug Tier	Requirements/ Limits
<i>silver sulfadiazine crea</i>	1	
SULFAMYLON CREA 85 MG/GM	3	
SULFAMYLON PACK 5 % (Use Mafenide Acetate)	NF	
Corticosteroids - Topical		
ACLOVATE CREA (Use Alclometasone Dipropionate)	NF	
<i>alclometasone dipropionate crea</i>	1	
<i>alclometasone dipropionate oint</i>	1	
AMCINONIDE CREA	1	QL(60 gm per fill retail,60 gm per fill mail)1 rtl MAX fill,30 rtl day(s) supply,1 mail MAX fill,30 mail day(s) supply,
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	

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Drug Name	Drug Tier	Requirements/ Limits
<i>betamethasone valerate oint</i>	1	
<i>calcipotriene-betamethasone dipropionate oint</i>	1	ST
<i>clobetasol propionate crea</i>	1	QL(3 gm daily)
<i>clobetasol propionate emollient base crea</i>	1	QL(1 gm daily)
<i>clobetasol propionate foam</i>	1	ST; QL(3 gm daily)
<i>clobetasol propionate gel</i>	1	ST; QL(2 gm daily)
<i>clobetasol propionate oint</i>	1	QL(1 gm daily)
<i>clobetasol propionate soln</i>	1	QL(3.34 ml daily)
CLOCORTOLONE PIVALATE CREA	3	
CLOCORTOLONE PIVALATE PUMP CREA	3	
CLODERM CREA	3	
CLODERM PUMP CREA	3	
CORDRAN TAPE 4 MCG/SQCM	3	
CUTIVATE LOTN (<i>Use Fluticasone Propionate</i>)	NF	
DERMA-SMOOTH/FS SCALP OIL (<i>Use Fluocinolone Acetonide</i>)	NF	
DERMACINRX SILAPAK KIT (<i>Use Triamcinolone Acetonide-Dimethicone-Silicone</i>)	NF	PA
DERMATOP CREA (<i>Use Prednicarbate</i>)	NF	
DERMATOP OINT (<i>Use Prednicarbate</i>)	NF	
<i>desonide crea</i>	1	QL(4 gm daily)
<i>desonide lotn</i>	1	QL(4 ml daily)
<i>desonide oint</i>	1	QL(3 gm daily)

Drug Name	Drug Tier	Requirements/ Limits
DESOWEN CREA (<i>Use Desonide</i>)	NF	QL(4 gm daily)
DESOWEN LOTN (<i>Use Desonide</i>)	NF	QL(4 ml daily)
<i>desoximetasone crea 0.25 %</i>	1	
<i>desoximetasone gel 0.05 %</i>	1	
<i>desoximetasone oint 0.25 %</i>	1	
DIFLORASONE DIACETATE CREA	2	
<i>diflorasone diacetate oint</i>	1	
DIPROLENE AF CREA (<i>Use Betamethasone Dipropionate Augmented</i>)	NF	
DIPROLENE LOTN (<i>Use Betamethasone Dipropionate Augmented</i>)	NF	
DIPROLENE OINT (<i>Use Betamethasone Dipropionate Augmented</i>)	NF	
ELOCON CREA (<i>Use Mometasone Furoate</i>)	NF	
ELOCON OINT (<i>Use Mometasone Furoate</i>)	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>fluticasone propionate crea</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>fluticasone propionate lotn</i>	1	
<i>fluticasone propionate oint</i>	1	
<i>halobetasol propionate crea</i>	1	
<i>halobetasol propionate oint</i>	1	
HALOG CREA	3	PA
HALOG OINT	3	PA
<i>hydrocortisone (topical) crea 1%, 1 %</i>	1	RX/OTC
<i>hydrocortisone (topical) crea 2.5 %</i>	1	
<i>hydrocortisone (topical) lotn 2.5 %</i>	1	
<i>hydrocortisone (topical) oint 1 %</i>	1	RX/OTC
<i>hydrocortisone (topical) oint 2.5 %</i>	1	
<i>hydrocortisone butyrate crea</i>	1	
<i>hydrocortisone butyrate oint</i>	1	
<i>hydrocortisone butyrate soln</i>	1	
<i>hydrocortisone valerate crea</i>	1	
<i>hydrocortisone valerate oint</i>	1	
LOCOID CREA (Use Hydrocortisone Butyrate)	NF	
LOCOID OINT (Use Hydrocortisone Butyrate)	NF	
LOCOID SOLN (Use Hydrocortisone Butyrate)	NF	
LUXIQ FOAM (Use Betamethasone Valerate)	NF	
<i>mometasone furoate crea</i>	1	
<i>mometasone furoate oint</i>	1	
<i>mometasone furoate soln</i>	1	

Drug Name	Drug Tier	Requirements/Limits
MONISTAT SOOTHING CARE ITCH RELIEF CREA (Use Hydrocortisone (Topical))	NF	RX/OTC
OLUX FOAM (Use Clobetasol Propionate)	NF	ST; QL(3 gm daily)
<i>prednicarbate crea</i>	1	
PSORCON CREA	2	
SYNALAR CREA (Use Fluocinolone Acetonide)	NF	
SYNALAR OINT (Use Fluocinolone Acetonide)	NF	
SYNALAR SOLN (Use Fluocinolone Acetonide)	NF	
TACLONEX OINT (Use Calcipotriene-Betamethasone Dipropionate)	NF	ST
TACLONEX SUSP	3	ST
TEMOVATE CREA (Use Clobetasol Propionate)	NF	QL(3 gm daily)
TEMOVATE E CREA (Use Clobetasol Propionate Emollient Base)	NF	QL(1 gm daily)
TEMOVATE OINT (Use Clobetasol Propionate)	NF	QL(1 gm daily)
TOPICORT CREA 0.25 % (Use Desoximetasone)	NF	
TOPICORT GEL 0.05 % (Use Desoximetasone)	NF	
TOPICORT OINT 0.25 % (Use Desoximetasone)	NF	
<i>triamcinolone acetonide (topical) crea 0.025 %, 0.1 %, 0.5 %</i>	1	
<i>triamcinolone acetonide (topical) lotn 0.025 %, 0.1 %</i>	1	
<i>triamcinolone acetonide (topical) oint 0.025 %, 0.1 %, 0.5 %</i>	1	
<i>triamcinolone acetonide-dimethicone-silicone kit</i>	1	PA

Drug Name	Drug Tier	Requirements/Limits
TRIDESILON CREA (<i>Use Desonide</i>)	NF	QL(4 gm daily)
ULTRAVATE CREA (<i>Use Halobetasol Propionate</i>)	NF	
ULTRAVATE OINT (<i>Use Halobetasol Propionate</i>)	NF	
WESTCORT OINT (<i>Use Hydrocortisone Valerate</i>)	NF	
Eczema Agents		
DUPIXENT SOSY 300 MG/2ML	4	PA
Emollients		
LAC-HYDRIN CREA (<i>Use Lactic Acid (Ammonium Lactate)</i>)	NF	RX/OTC
LAC-HYDRIN LOTN (<i>Use Lactic Acid (Ammonium Lactate)</i>)	NF	RX/OTC
LAC-HYDRIN TWELVE LOTN (<i>Use Lactic Acid (Ammonium Lactate)</i>)	NF	RX/OTC
<i>lactic acid (ammonium lactate) crea 12 %</i>	1	RX/OTC
<i>lactic acid (ammonium lactate) lotn 12 %</i>	1	RX/OTC
Enzymes - Topical		
SANTYL OINT	3	PA
Hair Growth Agents		
<i>finasteride (alopecia) tabs</i>	1	
PROPECIA TABS (<i>Use Finasteride (Alopecia)</i>)	NF	
Immunomodulating Agents - Topical		
ALDARA CREA (<i>Use 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 (<i>Use Tacrolimus (Topical)</i>)	NF	AL(At least 2 yrs old)

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

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Drug Name	Drug Tier	Requirements/ Limits
MIRVASO GEL	3	PA; QL(1 gm daily)
Scabicides & Pediculicides		
<i>crotamiton lotn</i>	1	
ELIMITE CREA (Use Permethrin)	NF	
EURAX CREA	3	
EURAX LOTN (Use Crotamiton)	3	
<i>lindane sham</i>	1	
LINDANE SHAM	2	
<i>malathion lotn</i>	1	
NATROBA SUSP	1	PA
NIX CREME RINSE LIQD (Use Permethrin)	NF	
OVIDE LOTN (Use Malathion)	NF	
<i>permethrin crea</i>	1	
<i>permethrin liqd</i>	1	
SKLICE LOTN	3	PA
SPINOSAD SUSP	1	PA
ULESFIA LOTN	3	
Wound Care Products		
REGANEX GEL	3	
DIAGNOSTIC PRODUCTS		
Diagnostic Drugs		
GLUCAGEN DIAGNOSTIC SOLR	3	QL(0.035 ea daily)
Diagnostic Tests		
CHEK-STIX COMBO PAK URINALYSIS CONTROL STRP	1	
CHEK-STIX CONTROL STRP	1	

Drug Name	Drug Tier	Requirements/ Limits
CHEMSTRIP-K STRP	1	
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	
DIGESTIVE AIDS - Drugs to Treat Low Digestive Enzymes		
Digestive Enzymes		
CREON CPEP	2	
PANCREAZE CPEP 14200UNIT-4200UNIT-24600UNIT, 35500UNIT-10500UNIT-61500UNIT, 54700UNIT-21000UNIT-83900UNIT, 56800UNIT-16800UNIT-98400UNIT	2	
SUCRAID SOLN	3	
ZENPEP CPEP	2	
DIURETICS - Drugs to Treat Heart, Circulation Conditions and Blood Pressure		
Carbonic Anhydrase Inhibitors		
<i>acetazolamide cp12 500 mg</i>	1	QL(2 ea daily)
<i>acetazolamide sodium solr</i>	1	
<i>acetazolamide tabs 125 mg</i>	1	QL(8 ea daily)
<i>acetazolamide tabs 250 mg</i>	1	QL(4 ea daily)

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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	
TRIAMTERENE/HYDROCHLOROTHIAZIDE CAPS	1	
Loop Diuretics		
<i>bumetanide soln ij 0.25 mg/ml</i>	1	
<i>bumetanide tabs or 0.5 mg, 1 mg, 2 mg</i>	1	QL(5 ea daily)
BUMEX TABS (<i>Use Bumetanide</i>)	NF	QL(5 ea daily)
DEMADEX TABS (<i>Use Torsemide</i>)	NF	
EDECIN TABS (<i>Use Ethacrynic Acid</i>)	NF	QL(16 ea daily)
<i>ethacrynic acid tabs</i>	1	QL(16 ea daily)

Drug Name	Drug Tier	Requirements/Limits
<i>furosemide soln ij 10 mg/ml</i>	1	
<i>furosemide soln or 10 mg/ml</i>	1	
FUROSEMIDE SOLN OR 8 MG/ML	1	
<i>furosemide tabs or 20 mg, 40 mg, 80 mg</i>	1	
LASIX TABS (<i>Use Furosemide</i>)	NF	
<i>torsemide tabs</i>	1	
Potassium Sparing Diuretics		
ALDACTONE TABS (<i>Use Spironolactone</i>)	NF	
<i>amiloride hcl tabs</i>	1	
DYRENIUM CAPS	3	QL(3 ea daily)
<i>spironolactone tabs</i>	1	
Thiazides and Thiazide-Like Diuretics		
CHLOROTHIAZIDE TABS 250 MG	1	
<i>chlorothiazide tabs 500 mg</i>	1	
<i>chlorthalidone tabs</i>	1	
<i>hydrochlorothiazide caps</i>	1	QL(2 ea daily)
<i>hydrochlorothiazide tabs</i>	1	QL(2 ea daily)
<i>indapamide tabs 1.25 mg</i>	1	QL(1 ea daily)
<i>indapamide tabs 2.5 mg</i>	1	QL(2 ea daily)
METHYCLOTHIAZIDE TABS	1	
<i>metolazone tabs</i>	1	QL(2 ea daily)
MICROZIDE CAPS (<i>Use Hydrochlorothiazide</i>)	NF	QL(2 ea daily)
ENDOCRINE AND METABOLIC AGENTS - MISC. - Drugs to Treat Bone Disease and Regulate Hormones		
Bone Density Regulators		

Drug Name	Drug Tier	Requirements/Limits
ACTONEL TABS 150 MG (Use Risedronate Sodium)	NF	PA; QL(0.036 ea daily)
ACTONEL TABS 35 MG (Use Risedronate Sodium)	NF	PA; QL(0.143 ea daily)
ACTONEL TABS 5 MG, 30 MG (Use Risedronate Sodium)	NF	PA; QL(1 ea daily)
<i>alendronate sodium tabs 35 mg, 70 mg</i>	1	QL(0.143 ea daily)
ALENDRONATE SODIUM TABS 40 MG	1	QL(1 ea daily)
<i>alendronate sodium tabs 5 mg, 10 mg</i>	1	QL(1 ea daily)
ATELVIA TBEC (Use Risedronate Sodium)	NF	PA
BONIVA SOLN IV 3 MG/3ML (Use Ibandronate Sodium)	NF	PA; SP
BONIVA TABS OR 150 MG (Use Ibandronate Sodium)	NF	QL(0.036 ea daily)
<i>calcitonin (salmon) soln</i>	1	
ETIDRONATE DISODIUM TABS 200 MG	1	
FORTEO SOLN	4	PA; QL(0.08 ml daily); SP
FOSAMAX PLUS D TABS	3	PA; QL(0.143 ea daily)
FOSAMAX TABS (Use Alendronate Sodium)	NF	QL(0.143 ea daily)
<i>ibandronate sodium soln iv 3 mg/3ml</i>	4	PA; SP
<i>ibandronate sodium tabs or 150 mg</i>	1	QL(0.036 ea daily)
MIACALCIN SOLN NA 200 UNIT/ACT (Use Calcitonin (Salmon))	NF	
<i>pamidronate disodium soln 30 mg/10ml, 90 mg/10ml</i>	4	PA; SP
PAMIDRONATE DISODIUM SOLN 6 MG/ML	4	PA; SP
PAMIDRONATE DISODIUM SOLR 30 MG, 90 MG	4	PA; SP
PROLIA SOLN	4	PA; SP

Drug Name	Drug Tier	Requirements/Limits
RECLAST SOLN (Use Zoledronic Acid)	NF	PA; SP
<i>risedronate sodium tabs 150 mg</i>	1	PA; QL(0.036 ea daily)
<i>risedronate sodium tabs 35 mg</i>	1	PA; QL(0.143 ea daily)
<i>risedronate sodium tabs 5 mg, 30 mg</i>	1	PA; QL(1 ea daily)
<i>risedronate sodium tbec 35 mg</i>	1	PA
TYMLOS SOPN	4	PA;
XGEVA SOLN	4	PA; SP
<i>zoledronic acid conc 4 mg/5ml</i>	4	PA; SP
ZOLEDRONIC ACID SOLN 4 MG/100ML	4	PA; SP
<i>zoledronic acid soln 5 mg/100ml</i>	4	PA; SP
ZOLEDRONIC ACID SOLR 4 MG	4	PA; SP
ZOMETA CONC 4 MG/5ML (Use Zoledronic Acid)	NF	PA; SP
ZOMETA SOLN 4 MG/100ML	4	PA; SP
Corticotropin		
H.P. ACTHAR GEL	4	PA
Fertility Regulators		
CHORIONIC GONADOTROPIN SOLR	4	PA; SP
NOVAREL SOLR 10000 UNIT	4	PA; SP
PREGNYL W/DILUENT BENZYLALCOHOL/NACL SOLR	4	PA; SP
GnRH/LHRH Antagonists		
CETROTIDE KIT	4	PA
GANIRELIX ACETATE SOLN	4	PA
Growth Hormone Receptor Antagonists		

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Drug Name	Drug Tier	Requirements/Limits
SOMAVERT SOLR 10 MG, 15 MG, 20 MG	4	PA; SP
Growth Hormone Releasing Hormones (GHRH)		
EGRIFTA SOLR	4	PA
Growth Hormones		
GENOTROPIN MINIQUICK SOLR 0.2 MG	4	PA; SP
GENOTROPIN SOLR 5 MG	4	PA; SP
HUMATROPE COMBO PACK SOLR	4	PA; SP
HUMATROPE SOLR	4	PA; SP
NORDITROPIN FLEXPRO SOLN 5 MG/1.5ML, 10 MG/1.5ML, 15 MG/1.5ML	4	PA; SP
NUTROPIN AQ NUSPIN 10 SOLN	4	PA; SP
OMNITROPE SOLN 5 MG/1.5ML, 10 MG/1.5ML	4	PA; SP
SAIZEN CLICK.EASY SOLR	4	PA; SP
SAIZEN SOLR	4	PA; SP
SAIZENPREP RECONSTITUTIONKIT SOLR	4	PA; SP
SEROSTIM SOLR	4	PA; SP
ZOMACTON SOLR	4	PA; SP
ZORBTIVE SOLR	4	PA; SP
Hormone Receptor Modulators		
EVISTA TABS (<i>Use Raloxifene HCl</i>)	NF	QL(1 ea daily)
OSPHENA TABS	3	PA
<i>raloxifene hcl tabs</i>	0	QL(1 ea daily)
Insulin-Like Growth Factors (Somatomedins)		
INCRELEX SOLN	4	PA; SP
LHRH/GnRH Agonist Analog Pituitary		

Drug Name	Drug Tier	Requirements/Limits
LUPANETA PACK KIT	4	PA
LUPRON DEPOT-PED (1-MONTH) KIT	4	PA; SP
LUPRON DEPOT-PED (3-MONTH) KIT 30 MG	4	PA; SP
SYNAREL SOLN	4	PA; SP
Metabolic Modifiers		
ALDURAZYME SOLN	4	PA; SP
BUPHENYL POWD 3 GM/TSP (<i>Use Sodium Phenylbutyrate</i>)	3	
BUPHENYL TABS 500 MG (<i>Use Sodium Phenylbutyrate</i>)	NF	
<i>calcitriol caps or 0.25 mcg, 0.5 mcg</i>	1	
<i>calcitriol soln iv 1 mcg/ml</i>	1	
<i>calcitriol soln or 1 mcg/ml</i>	1	
CARBAGLU TABS	4	PA; SP
CYSTADANE POWD	4	PA; SP
<i>doxercalciferol caps</i>	1	
<i>doxercalciferol soln</i>	1	
ELAPRASE SOLN	4	PA; SP
FABRAZYME SOLR 35 MG	4	PA; SP
HECTOROL CAPS OR 0.5 MCG, 1 MCG, 2.5 MCG (<i>Use Doxercalciferol</i>)	NF	
HECTOROL SOLN IV 4 MCG/2ML (<i>Use Doxercalciferol</i>)	NF	
KUVAN TBSO 100 MG	4	PA; SP
LUMIZYME SOLR	4	PA; SP
MYALEPT SOLR	4	PA

Drug Name	Drug Tier	Requirements/Limits
NAGLAZYME SOLN	4	PA; SP
ORFADIN CAPS 2 MG, 5 MG, 10 MG	4	PA; SP
<i>paricalcitol caps</i>	1	
<i>paricalcitol soln</i>	1	
ROCALTROL CAPS (<i>Use Calcitriol</i>)	NF	
ROCALTROL SOLN (<i>Use Calcitriol</i>)	NF	
SENSIPAR TABS	4	PA; QL(4 ea daily); SP
<i>sodium phenylbutyrate powd 3 gm/tsp</i>	3	
<i>sodium phenylbutyrate tabs 500 mg</i>	1	
ZEMPLAR CAPS (<i>Use Paricalcitol</i>)	NF	
ZEMPLAR SOLN (<i>Use Paricalcitol</i>)	NF	
Posterior Pituitary Hormones		
DDAVP SOLN IJ 4 MCG/ML (<i>Use Desmopressin Acetate</i>)	NF	PA
DDAVP SOLN NA 0.01 % (<i>Use Desmopressin Acetate Spray</i>)	NF	
DDAVP TABS OR 0.1 MG (<i>Use Desmopressin Acetate</i>)	NF	QL(6 ea daily)
DDAVP TABS OR 0.2 MG (<i>Use Desmopressin Acetate</i>)	NF	QL(8 ea daily)
<i>desmopressin acetate soln ij 4 mcg/ml</i>	1	PA
<i>desmopressin acetate spray refrigerated soln</i>	1	
<i>desmopressin acetate spray soln</i>	1	
<i>desmopressin acetate tabs or 0.1 mg</i>	1	QL(6 ea daily)
<i>desmopressin acetate tabs or 0.2 mg</i>	1	QL(8 ea daily)
STIMATE SOLN	4	PA; SP

Drug Name	Drug Tier	Requirements/Limits
Prolactin Inhibitors		
<i>cabergoline tabs</i>	1	
Somatostatic Agents		
<i>octreotide acetate soln</i>	4	PA; SP
SANDOSTATIN SOLN (<i>Use Octreotide Acetate</i>)	NF	PA; SP
SIGNIFOR SOLN	4	PA
SOMATULINE DEPOT SOLN	4	PA; SP
Vasopressin Receptor Antagonists		
JYNARQUE TBPK	4	PA; SP
SAMSCA TABS	4	PA; QL(2 ea daily); SP
ESTROGENS - Hormone Replacement/Modifying Drugs		
Estrogen Combinations		
CLIMARA PRO PTWK	3	
DUAVEE TABS	3	PA
FEMHRT LOW DOSE TABS (<i>Use Norethindrone Acetate-Ethinyl Estradiol</i>)	NF	
<i>norethindrone acetate-ethinyl estradiol tabs</i>	1	
PREMPHASE TABS	2	
PREMPRO TABS	2	
Estrogens		
ALORA PTTW	3	
CLIMARA PTWK (<i>Use Estradiol</i>)	NF	
DELESTROGEN OIL 10 MG/ML	1	
DELESTROGEN OIL 20 MG/ML, 40 MG/ML (<i>Use Estradiol Valerate</i>)	NF	
DEPO-ESTRADIOL OIL	3	

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Drug Name	Drug Tier	Requirements/Limits
DIVIGEL GEL	3	
ELESTRIN GEL	3	
ESTRACE TABS (Use Estradiol)	NF	
<i>estradiol pttw</i>	1	
<i>estradiol ptwk</i>	1	
<i>estradiol tabs</i>	1	
<i>estradiol valerate oil</i>	1	
ESTROGEL GEL	3	
ESTROPIPATE TABS	1	
EVAMIST SOLN	3	
MENEST TABS	3	
MENOSTAR PTWK	3	
MINIVELLE PTTW	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% (Use Moxifloxacin HCl in Sodium Chloride)	NF	
AVELOX TABS OR 400 MG (Use Moxifloxacin HCl)	NF	
CIPRO SUSR 500 MG/5ML (Use Ciprofloxacin)	NF	

Drug Name	Drug Tier	Requirements/Limits
CIPRO TABS 250 MG, 500 MG (Use Ciprofloxacin HCl)	NF	
CIPRO XR TB24 (Use Ciprofloxacin-Ciprofloxacin HCl)	NF	
CIPROFLOXACIN HCL TABS 100 MG	1	
<i>ciprofloxacin hcl tabs 250 mg, 500 mg, 750 mg</i>	1	
<i>ciprofloxacin in d5w soln 200mg/100ml-5%</i>	3	
CIPROFLOXACIN SOLN IV 400 MG/40ML	1	
<i>ciprofloxacin susr or 250 mg/5ml, 500 mg/5ml</i>	1	
<i>ciprofloxacin-ciprofloxacin hcl tb24</i>	1	
FACTIVE TABS	3	
LEVAQUIN TABS (Use Levofloxacin)	NF	
<i>levofloxacin in d5w soln 500mg/100ml-5%</i>	1	
<i>levofloxacin soln</i>	1	
<i>levofloxacin tabs</i>	1	
<i>moxifloxacin hcl in sodium chloride soln</i>	1	
<i>moxifloxacin hcl tabs or 400 mg</i>	1	
OFLOXACIN TABS 300 MG	1	
<i>ofloxacin tabs 400 mg</i>	1	
GASTROINTESTINAL AGENTS - MISC. - Miscellaneous Gastrointestinal Drugs		
Bile Acid Synthesis Disorder Agents		
CHOLBAM CAPS	4	PA; SP
Gallstone Solubilizing Agents		
ACTIGALL CAPS (Use Ursodiol)	NF	
URSO 250 TABS (Use Ursodiol)	NF	

Drug Name	Drug Tier	Requirements/Limits
URSO FORTE TABS (<i>Use Ursodiol</i>)	NF	
<i>ursodiol caps</i>	1	
<i>ursodiol tabs</i>	1	
Gastrointestinal Chloride Channel Activators		
AMITIZA CAPS	2	PA; QL(2 ea daily)
Gastrointestinal Stimulants		
<i>metoclopramide hcl soln ij 5 mg/ml</i>	1	
<i>metoclopramide hcl soln or 5 mg/5ml, 10 mg/10ml</i>	1	QL(60 ml daily)
<i>metoclopramide hcl tabs or 5 mg, 10 mg</i>	1	QL(6 ea daily)
REGLAN TABS (<i>Use Metoclopramide HCl</i>)	NF	QL(6 ea daily)
Inflammatory Bowel Agents		
APRISO CP24	2	PA
ASACOL HD TBEC (<i>Use Mesalamine</i>)	NF	QL(6 ea daily)
AZULFIDINE EN-TABS TBEC (<i>Use Sulfasalazine</i>)	NF	
AZULFIDINE TABS (<i>Use Sulfasalazine</i>)	NF	
<i>balsalazide disodium caps</i>	1	
CANASA SUPP	2	
CIMZIA KIT	4	PA; QL(0.0714 ea daily); SP
CIMZIA STARTER KIT KIT	4	PA; QL(0.214 ea daily); SP
COLAZAL CAPS (<i>Use Balsalazide Disodium</i>)	NF	
DIPENTUM CAPS	2	
INFLECTRA SOLR	4	PA; 30 rtl lmt day(s),30 mail lmt day(s),
LIALDA TBEC (<i>Use Mesalamine</i>)	NF	
<i>mesalamine enem re 4 gm</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>mesalamine tbec or 1.2 gm</i>	1	
<i>mesalamine tbec or 800 mg</i>	1	QL(6 ea daily)
REMICADE SOLR	4	PA; SP
RENFLEXIS SOLR	4	PA; 30 rtl lmt day(s),30 mail lmt day(s),
STELARA SOLN IV 130 MG/26ML	4	PA
<i>sulfasalazine tabs</i>	1	
<i>sulfasalazine tbec</i>	1	
Intestinal Acidifiers		
<i>lactulose (encephalopathy) soln</i>	1	
Irritable Bowel Syndrome (IBS) Agents		
<i>alosectron hcl tabs</i>	1	QL(2 ea daily)
LINZESS CAPS 145 MCG, 290 MCG	3	PA
LINZESS CAPS 72 MCG	3	PA; QL(1 ea daily)
LOTRONEX TABS (<i>Use Alosetron HCl</i>)	NF	QL(2 ea daily)
Peripheral Opioid Receptor Antagonists		
ENTEREG CAPS	3	
RELISTOR SOLN SC 8 MG/0.4ML, 12 MG/0.6ML	3	PA
Phosphate Binder Agents		
<i>calcium acetate (phosphate binder) caps</i>	1	
<i>calcium acetate (phosphate binder) tabs</i>	1	RX/OTC
ELIPHOS TABS (<i>Use Calcium Acetate (Phosphate Binder)</i>)	NF	RX/OTC
FOSRENOL CHEW 500 MG, 750 MG, 1000 MG (<i>Use Lanthanum Carbonate</i>)	NF	
<i>lanthanum carbonate chew</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
PHOSLYRA SOLN	2	
RENVELA PACK (Use Sevelamer Carbonate)	NF	
RENVELA TABS (Use Sevelamer Carbonate)	NF	
<i>sevelamer carbonate pack</i>	1	
<i>sevelamer carbonate tabs</i>	1	
VELPHORO CHEW	3	PA
GENITOURINARY AGENTS - MISCELLANEOUS - Miscellaneous Drugs to Treat Reproductive Organs and Urinary System		
Alkalinizers		
<i>potassium citrate (alkalinizer) tbc 1080 mg</i>	1	
SHOHL'S SOLUTION MODIFIED SOLN (Use Sodium Citrate & Citric Acid)	NF	RX/OTC
<i>sodium citrate & citric acid soln</i>	1	RX/OTC
UROKIT-K 10 TBCR (Use Potassium Citrate (Alkalinizer))	NF	
Cystinosis Agents		
CYSTAGON CAPS	3	PA
Genitourinary Irrigants		
<i>acetic acid soln</i>	1	
<i>glycine (gu irrigant) soln</i>	1	
RESECTISOL SOLN	1	
<i>sodium chloride (gu irrigant) soln</i>	1	
SORBITOL SOLN	1	
SORBITOL-MANNITOL SOLN	1	
Interstitial Cystitis Agents		
ELMIRON CAPS	2	

Drug Name	Drug Tier	Requirements/Limits
Prostatic Hypertrophy Agents		
<i>alfuzosin hcl tb24</i>	1	QL(1 ea daily)
AVODART CAPS (Use Dutasteride)	NF	QL(1 ea daily)
<i>dutasteride caps</i>	1	QL(1 ea daily)
<i>finasteride tabs</i>	1	
FLOMAX CAPS (Use Tamsulosin HCl)	NF	
PROSCAR TABS (Use Finasteride)	NF	
RAPAFLO CAPS	2	
<i>tamsulosin hcl caps</i>	1	
UROXATRAL TB24 (Use Alfuzosin HCl)	NF	QL(1 ea daily)
Urinary Analgesics		
<i>phenazopyridine hcl tabs</i>	1	
PYRIDIUM TABS (Use Phenazopyridine HCl)	NF	
GOUT AGENTS - Drugs to Treat Gout		
Gout Agent Combinations		
<i>colchicine w/ probenecid tabs</i>	1	
Gout Agents		
<i>allopurinol tabs</i>	1	
ULORIC TABS	3	PA; QL(1 ea daily)
ZYLOPRIM TABS (Use Allopurinol)	NF	
Uricosurics		
<i>probenecid tabs</i>	1	
HEMATOLOGICAL AGENTS - MISC. - Drugs to Treat Blood Disorders		
Bradykinin B2 Receptor Antagonists		
FIRAZYR SOLN	4	PA; QL(9 ml daily)
Complement Inhibitors		

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

Drug Name	Drug Tier	Requirements/Limits
<i>miglustat caps</i>	4	PA; QL(3 ea daily); SP
VPRIV SOLR	4	PA; SP
ZAVESCA CAPS (<i>Use Miglustat</i>)	4	PA; QL(3 ea daily); SP
Agents for Sickle Cell Anemia		
DROXIA CAPS	3	
SIKLOS TABS	3	AL(Up to 19 yrs old)
Cobalamins		
<i>cyanocobalamin soln ij</i>	1	QL(1 ml daily)
Folic Acid/Folates		
<i>folic acid tabs or 1 mg</i>	0	RX/OTC
<i>folic acid tabs or 400 mcg</i>	0	
Hematopoietic Growth Factors		
ARANESP ALBUMIN FREE SOLN 25 MCG/ML	4	SP
ARANESP ALBUMIN FREE SOLN 40 MCG/ML, 60 MCG/ML, 100 MCG/ML	4	PA; SP
ARANESP ALBUMIN FREE SOSY 500 MCG/ML, 150 MCG/0.3ML, 200 MCG/0.4ML, 300 MCG/0.6ML	4	PA; SP
EPOGEN SOLN	3	PA; SP
LEUKINE SOLR	4	PA; SP
MIRCERA SOSY	4	PA
NEULASTA ONPRO KIT PSKT	4	PA; SP
NEULASTA SOSY	4	PA; SP
NEUPOGEN SOLN	4	PA; SP
NEUPOGEN SOSY	4	PA; SP
NPLATE SOLR	4	PA; SP

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Drug Name	Drug Tier	Requirements/Limits
PROCRIT SOLN 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/ML	3	PA; SP
PROCRIT SOLN 40000 UNIT/ML	4	PA; SP
PROMACTA TABS	4	PA; SP
ZARXIO SOSY	4	PA; 30 rtl lmt day(s), 30 mail lmt day(s),
Hematopoietic Mixtures		
<i>ferrous fumarate-folic acid tabs</i>	1	QL(1 ea daily)
Iron		
FER-IN-SOL SOLN (Use Ferrous Sulfate)	0	AL(Up to 1 yrs old)
<i>ferrous sulfate soln or 15 mg/ml</i>	0	AL(Up to 1 yrs old)
<i>ferrous sulfate tabs or 65 mg, 325 mg</i>	0	
<i>ferrous sulfate tbec or 325 mg</i>	0	
Stem Cell Mobilizers		
MOZOBIL SOLN	4	PA; SP
HEMOSTATICS - Drugs to Stop Bleeding/Treat Blood Disorders		
Hemostatics - Systemic		
CYKLOKAPRON SOLN (Use Tranexamic Acid)	NF	
LYSTEDA TABS (Use Tranexamic Acid)	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	

Drug Name	Drug Tier	Requirements/Limits
<i>phenobarbital tabs 15 mg, 30 mg, 100 mg, 16.2 mg, 32.4 mg, 64.8 mg, 97.2 mg</i>	1	
Hypnotics - Tricyclic Agents		
SILENOR TABS	3	PA; QL(1 ea daily)
Non-Barbiturate Hypnotics		
AMBIEN CR TBCR (Use Zolpidem Tartrate)	NF	ST; Must try immediate release zolpidem.; QL(1 ea daily)
AMBIEN TABS (Use Zolpidem Tartrate)	NF	QL(1 ea daily); AL(At least 18 yrs old)
<i>estazolam tabs</i>	1	
<i>eszopiclone tabs</i>	1	ST; QL(1 ea daily); AL(At least 18 yrs old)
HALCION TABS (Use Triazolam)	NF	
LUNESTA TABS (Use Eszopiclone)	NF	ST; QL(1 ea daily); AL(At least 18 yrs old)
RESTORIL CAPS (Use Temazepam)	NF	QL(1 ea daily)
SONATA CAPS 10 MG (Use Zaleplon)	NF	QL(2 ea daily); AL(At least 18 yrs old)
SONATA CAPS 5 MG (Use Zaleplon)	NF	QL(1 ea daily); AL(At least 18 yrs old)
<i>temazepam caps</i>	1	QL(1 ea daily)
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)

Drug Name	Drug Tier	Requirements/ Limits
<i>zolpidem tartrate tabs or 5 mg, 10 mg</i>	1	QL(1 ea daily); AL(At least 18 yrs old)
<i>zolpidem tartrate tbcr or 12.5 mg, 6.25 mg</i>	1	ST; Must try immediate release zolpidem.;QL(1 ea daily)
Orexin Receptor Antagonists		
BELSOMRA TABS	3	PA
Selective Melatonin Receptor Agonists		
HETLIOZ CAPS	3	PA
ROZEREM TABS	3	ST; QL(1 ea daily); AL(At least 18 yrs old)
LAXATIVES - Bowel Treatment Drugs		
Bulk Laxatives		
<i>calcium polycarbophil tabs</i>	1	
FIBERCON TABS (Use Calcium Polycarbophil)	NF	
Laxative Combinations		
CLENPIQ SOLN	3	
GOLYTELY SOLR 236GM-22.74GM-5.86GM-2.97GM-6.74GM (Use PEG 3350-KCl-Sod Bicarb-Sod Chloride-Sod Sulfate)	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 10 gm/15ml, 20 gm/30ml</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
Saline Laxatives		
OSMOPREP TABS	3	
Stimulant Laxatives		
<i>bisacodyl tbec</i>	1	
DULCOLAX TBEC (Use Bisacodyl)	NF	
Surfactant Laxatives		
COLACE CAPS (Use Docusate Sodium)	NF	
<i>docusate calcium caps</i>	1	
<i>docusate sodium caps</i>	1	
LOCAL ANESTHETICS-Parenteral - Drugs for Numbing		
Local Anesthetics - Amides		
<i>lidocaine hcl (local anesth.) soln 0.5 %, 1 %, 2 %</i>	1	
XYLOCAINE SOLN IJ 0.5 %, 1 % (Use Lidocaine HCl (Local Anesth.))	NF	
XYLOCAINE-MPF SOLN 0.5 %, 1 %, 2 % (Use Lidocaine HCl (Local Anesth.))	NF	
MACROLIDES - Drugs to Treat Bacterial Infections		
Azithromycin		
<i>azithromycin solr iv 500 mg</i>	1	
<i>azithromycin susr or 100 mg/5ml, 200 mg/5ml</i>	1	
<i>azithromycin tabs or 250 mg</i>	1	QL(6 ea per fill retail,6 ea per fill mail)
<i>azithromycin tabs or 500 mg</i>	1	QL(4 ea per fill retail,4 ea per fill mail)
<i>azithromycin tabs or 600 mg</i>	1	QL(0.286 ea daily)
ZITHROMAX SOLR IV 500 MG (Use Azithromycin)	NF	

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Drug Name	Drug Tier	Requirements/ Limits
ZITHROMAX SUSR OR 100 MG/5ML, 200 MG/5ML (Use Azithromycin)	NF	
ZITHROMAX TABS OR 250 MG (Use Azithromycin)	NF	QL(6 ea per fill retail,6 ea per fill mail)
ZITHROMAX TABS OR 500 MG (Use Azithromycin)	NF	QL(4 ea per fill retail,4 ea per fill mail)
ZITHROMAX TABS OR 600 MG (Use Azithromycin)	NF	QL(0.286 ea daily)
ZITHROMAX TRI-PAK TABS (Use Azithromycin)	NF	QL(4 ea per fill retail,4 ea per fill mail)
ZITHROMAX Z-PAK TABS (Use Azithromycin)	NF	QL(6 ea per fill retail,6 ea per fill mail)
Clarithromycin		
BIAXIN SUSR (Use Clarithromycin)	NF	
BIAXIN TABS (Use Clarithromycin)	NF	
clarithromycin susr 125 mg/5ml, 250 mg/5ml	1	
CLARITHROMYCIN SUSR 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)	NF	
ERY-TAB TBEC	3	
ERYPED 200 SUSR (Use Erythromycin Ethylsuccinate)	NF	
ERYPED 400 SUSR	3	
erythromycin base cpep	3	

Drug Name	Drug Tier	Requirements/ Limits
erythromycin base tabs	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	QL(2 ea daily)
ATLAS COLORED LUBRICATED CONDOM DEVI	0	QL(2 ea daily)
ATLAS LUBRICATED CONDOM DEVI	0	QL(2 ea daily)
ATLAS LUBRICATED CONDOM/SPERMICIDE DEVI	0	QL(2 ea daily)
CAYA DPRH	0	
CLASS ACT LUBRICATED MISC	0	QL(2 ea daily)
DUREX EXTRA SENSITIVE DEVI	0	QL(2 ea daily)
ELEXA NATURAL FEEL MISC	0	QL(2 ea daily)
ELEXA STIMULATING MISC	0	QL(2 ea daily)
ELEXA ULTRA SENSITIVE MISC	0	QL(2 ea daily)
EXTRA SENSITIVE SPERMICIDAL DEVI	0	QL(2 ea daily)
FANTASY LUBRICATED MISC	0	QL(2 ea daily)
FANTASY LUBRICATED/SPERMICIDE MISC	0	QL(2 ea daily)
FC FEMALE CONDOM MISC	0	

Drug Name	Drug Tier	Requirements/ Limits
FC2 FEMALE CONDOM MISC	0	
FEMCAP DEVI	0	
HIGH SENSATION SPERMICIDAL DEVI	0	QL(2 ea daily)
INTENSE SENSATION DEVI	0	QL(2 ea daily)
KAMELEON LUBRICATED MISC	0	QL(2 ea daily)
KIMONO COLORS DEVI	0	QL(2 ea daily)
KIMONO LUBRICATED MISC	0	QL(2 ea daily)
KIMONO MICRO THIN PLUS SPERMICIDE LUBRICATED MISC	0	QL(2 ea daily)
KIMONO PLUS SPERMICIDE LUBRICATED MISC	0	QL(2 ea daily)
KIMONO PLUS SPERMICIDE/LUBRICATED MISC	0	QL(2 ea daily)
KIMONO PS LUBRICATED MISC	0	QL(2 ea daily)
KIMONO PS PLUS SPERMICIDE/LUBRICATED MISC	0	QL(2 ea daily)
KIMONO SENSATION LUBRICATED MISC	0	QL(2 ea daily)
KIMONO SENSATION PLUS SPERMICIDE LUBRICATED MISC	0	QL(2 ea daily)
KIMONO SPECIAL DEVI	0	QL(2 ea daily)
MAXX LUBRICATED MISC	0	QL(2 ea daily)
MAXX PLUS SPERMICIDE LUBRICATED MISC	0	QL(2 ea daily)
OMNIFLEX DIAPHRAGM DPRH	0	
PREMIUM CONDOMS LUBRICATED MISC	0	QL(2 ea daily)
REALITY LATEX CONDOMS/LUBRICATED MISC	0	QL(2 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
REALITY LATEX/ULTRA TEXTURED DEVI	0	QL(2 ea daily)
REALITY LATEX/ULTRA THIN DEVI	0	QL(2 ea daily)
TROJAN EXTENDED PLEASURE/LUBRICATED DEVI	0	QL(2 ea daily)
TROJAN MAGNUM MISC	0	QL(2 ea daily)
TROJAN MAGNUM WARM SENSATIONS DEVI	0	QL(2 ea daily)
TROJAN MAGNUM XL LUBRICATED DEVI	0	QL(2 ea daily)
TROJAN PLEASURE MESH/SPERMICIDAL DEVI	0	QL(2 ea daily)
TROJAN RIBBED W/SPERMICIDAL MISC	0	QL(2 ea daily)
TROJAN SHARED SENSATION/LUBRICATED DEVI	0	QL(2 ea daily)
TROJAN SUPRAS SPERMICIDAL DEVI	0	QL(2 ea daily)
TROJAN TWISTED PLEASURE DEVI	0	QL(2 ea daily)
TROJAN ULTRA PLEASURE/LUBRICATED DEVI	0	QL(2 ea daily)
TROJAN VERY SENSITIVE LUBRICATED MISC	0	QL(2 ea daily)
TROJAN VERY SENSITIVE SPERMICIDAL LUBRICANT MISC	0	QL(2 ea daily)
TROJAN VERY THIN LUBRICATED MISC	0	QL(2 ea daily)
TROJAN VERY THIN SPERMICIDAL LUBRICANT MISC	0	QL(2 ea daily)
TROJAN-ENZ LUBRICANT MISC	0	QL(2 ea daily)
TROJAN-ENZ LUBRICATED MISC	0	QL(2 ea daily)
TROJAN-ENZ W/SPERMICIDAL MISC	0	QL(2 ea daily)
TRUSTEX COLOR CONDOMS + LUBE MISC	0	QL(2 ea daily)

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

Drug Name	Drug Tier	Requirements/Limits
WIDE-SEAL SILICONE DIAPHRAGM KIT 75 DPRH	0	
WIDE-SEAL SILICONE DIAPHRAGM KIT 80 DPRH	0	
WIDE-SEAL SILICONE DIAPHRAGM KIT 85 DPRH	0	
WIDE-SEAL SILICONE DIAPHRAGM KIT 90 DPRH	0	
WIDE-SEAL SILICONE DIAPHRAGM KIT 95 DPRH	0	
Diabetic Supplies		
1ST TIER UNILET COMFORTOUCH LANCETS 28G MISC	1	QL(6.6667 ea daily)
1ST TIER UNILET COMFORTOUCH LANCETS 30G MISC	1	QL(6.6667 ea daily)
ACCU-CHEK FASTCLIX LANCETS MISC	1	QL(6.6667 ea daily)
ACCU-CHEK MULTICLIX LANCETS MISC	1	QL(6.6667 ea daily)
ACCU-CHEK SAFE-T-PRO LANCETS MISC	1	QL(6.6667 ea daily)
ACCU-CHEK SAFE-T-PRO PLUSLANCETS MISC	1	QL(6.6667 ea daily)
ACCU-CHEK SOFT TOUCH LANCETS MISC	1	QL(6.6667 ea daily)
ACCU-CHEK SOFTCLIX LANCETS MISC	1	QL(6.6667 ea daily)
ACTI-LANCE LANCETS 28G MISC	1	QL(6.6667 ea daily)
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)

Drug Name	Drug Tier	Requirements/ Limits
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	
ADVANCED MOBILE LANCET 30G MISC	1	QL(6.6667 ea daily)
ADVOCATE LANCETS 30G MISC	1	QL(6.6667 ea daily)
ADVOCATE LANCETS MISC	1	QL(6.6667 ea daily)
ADVOCATE LANCING DEVICE MISC	1	
ADVOCATE RAPID-SAFE LANCING DEVICE MISC	1	
ADVOCATE SAFETY LANCETS 26G MISC	1	QL(6.6667 ea daily)
ADVOCATE SAFETY LANCETS MISC	1	QL(6.6667 ea daily)
AGAMATRIX ULTRA-THIN LANCETS 33G MISC	1	QL(6.6667 ea daily)
ALTERNATE SITE LANCING DEVICE MISC	1	
AQUA LANCE ADJUSTABLE LANCING DEVICE DEVI	1	
AQUALANCE LANCETS ULTRA THIN 30G MISC	1	QL(6.6667 ea daily)
ASSURE COMFORT LANCETS ULTRA THIN 28G MISC	1	QL(6.6667 ea daily)
ASSURE HAEMOLANCE PLUS HIGH FLOW 18G MISC	1	QL(6.6667 ea daily)
ASSURE HAEMOLANCE PLUS LOW FLOW 25G MISC	1	QL(6.6667 ea daily)
ASSURE HAEMOLANCE PLUS MICRO FLOW 28G MISC	1	QL(6.6667 ea daily)
ASSURE HAEMOLANCE PLUS NORMAL FLOW 21G MISC	1	QL(6.6667 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
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)
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)

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Drug Name	Drug Tier	Requirements/ Limits
BULLSEYE SAFETY LANCETS MISC	1	QL(6.6667 ea daily)
CARDIOCOM LANCING DEVICE MISC	1	
CAREONE ADVANCED LANCINGDEVICE MISC	1	
CAREONE LANCET THIN MISC	1	QL(6.6667 ea daily)
CAREONE LANCET ULTRA THIN MISC	1	QL(6.6667 ea daily)
CARETOUCH LANCING DEVICEWITH EJECTOR MISC	1	
CARETOUCH TWIST LANCETS 28G MISC	1	QL(6.6667 ea daily)
CARETOUCH TWIST LANCETS 30G MISC	1	QL(6.6667 ea daily)
CARETOUCH TWIST LANCETS 33G MISC	1	QL(6.6667 ea daily)
CLEANLET LANCETS 28G MISC	1	QL(6.6667 ea daily)
CLEVER CHEK LANCETS ULTRATHIN 30G MISC	1	QL(6.6667 ea daily)
CLEVER CHEK LANCETS ULTRATHIN MISC	1	QL(6.6667 ea daily)
CLEVER CHOICE COMFORT EZLANCETS 21G MISC	1	QL(6.6667 ea daily)
CLEVER CHOICE COMFORT EZLANCETS 23G MISC	1	QL(6.6667 ea daily)
CLEVER CHOICE COMFORT EZLANCETS 28G MISC	1	QL(6.6667 ea daily)
CLOSERCARE MISC	1	
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)

Drug Name	Drug Tier	Requirements/ Limits
CVS LANCETS 21G MISC	1	QL(6.6667 ea daily)
CVS LANCETS MICRO THIN 33G MISC	1	QL(6.6667 ea daily)
CVS LANCETS MICRO-THIN 33G MISC	1	QL(6.6667 ea daily)
CVS LANCETS ORIGINAL MISC	1	QL(6.6667 ea daily)
CVS LANCETS THIN 26G MISC	1	QL(6.6667 ea daily)
CVS LANCETS ULTRA THIN 30G MISC	1	QL(6.6667 ea daily)
CVS LANCETS ULTRA-THIN 30G MISC	1	QL(6.6667 ea daily)
CVS LANCING DEVICE MISC	1	
CVS ULTRA THIN LANCETS MISC	1	QL(6.6667 ea daily)
DROPLET LANCETS ULTRA THIN 30G MISC	1	QL(6.6667 ea daily)
DROPLET LANCING DEVICE MISC	1	
DRUG MART ADJUSTABLE LANCING DEVICE MISC	1	
DRUG MART LANCETS THIN MISC	1	QL(6.6667 ea daily)
DRUG MART ON-THE-GO LANCETS GENTLE 30G MISC	1	QL(6.6667 ea daily)
DRUG MART UNILET LANCETSSUPER THIN 30G MISC	1	QL(6.6667 ea daily)
DRUG MART UNILET LANCETSULTRA THIN 28G MISC	1	QL(6.6667 ea daily)
DRUG MART UNILET MICRO THIN LANCETS 33G MISC	1	QL(6.6667 ea daily)
E-Z JECT LANCETS 21G MISC	1	QL(6.6667 ea daily)
E-Z JECT LANCETS COLOR MISC	1	QL(6.6667 ea daily)
E-Z JECT LANCETS MISC	1	QL(6.6667 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
E-Z JECT LANCETS SUPER THIN 30G MISC	1	QL(6.6667 ea daily)
E-Z JECT LANCETS THIN 26G MISC	1	QL(6.6667 ea daily)
E-ZJECT LANCETS MICRO-THIN 33G MISC	1	QL(6.6667 ea daily)
EASY COMFORT LANCETS 30G/PULL TOP MISC	1	QL(6.6667 ea daily)
EASY COMFORT LANCETS 30G/THIN TOP MISC	1	QL(6.6667 ea daily)
EASY COMFORT LANCETS MISC	1	QL(6.6667 ea daily)
EASY COMFORT LANCETS TWIST TOP MISC	1	QL(6.6667 ea daily)
EASY MINI EJECT LANCING DEVICE MISC	1	
EASY MINI LANCING DEVICE MISC	1	
EASY TOUCH LANCETS 21G/PRESSURE ACTIVATED MISC	1	QL(6.6667 ea daily)
EASY TOUCH LANCETS 23G/PRESSURE ACTIVATED MISC	1	QL(6.6667 ea daily)
EASY TOUCH LANCETS 26G/PRESSURE ACTIVATED MISC	1	QL(6.6667 ea daily)
EASY TOUCH LANCETS 26G/PULL-TOP MISC	1	QL(6.6667 ea daily)
EASY TOUCH LANCETS 26G/TWIST MISC	1	QL(6.6667 ea daily)
EASY TOUCH LANCETS 28G/PRESSURE ACTIVATED MISC	1	QL(6.6667 ea daily)
EASY TOUCH LANCETS 28G/PULL-TOP MISC	1	QL(6.6667 ea daily)
EASY TOUCH LANCETS 28G/TWIST MISC	1	QL(6.6667 ea daily)
EASY TOUCH LANCETS 30G/BUTTON-ACTIVATED MISC	1	QL(6.6667 ea daily)
EASY TOUCH LANCETS 30G/PRESSURE ACTIVATED MISC	1	QL(6.6667 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
EASY TOUCH LANCETS 30G/PULL-TOP MISC	1	QL(6.6667 ea daily)
EASY TOUCH LANCETS 30G/TWIST MISC	1	QL(6.6667 ea daily)
EASY TOUCH LANCETS 32G/PRESSURE ACTIVATED MISC	1	QL(6.6667 ea daily)
EASY TOUCH LANCETS 32G/PULL-TOP MISC	1	QL(6.6667 ea daily)
EASY TOUCH LANCETS 32G/TWIST MISC	1	QL(6.6667 ea daily)
EASY TOUCH LANCETS 33G/TWIST MISC	1	QL(6.6667 ea daily)
EASY TOUCH LANCING DEVICE/EJECTOR MISC	1	
EASY TOUCH SAFETY LANCETS21G/PRESSURE ACTIVATED MISC	1	QL(6.6667 ea daily)
EASY TOUCH SAFETY LANCETS23G/PRESSURE ACTIVATED MISC	1	QL(6.6667 ea daily)
EASY TOUCH SAFETY LANCETS26G/BUTTON ACTIVATED MISC	1	QL(6.6667 ea daily)
EASY TOUCH SAFETY LANCETS26G/PRESSURE ACTIVATED MISC	1	QL(6.6667 ea daily)
EASY TOUCH SAFETY LANCETS28G/BUTTON ACTIVATED MISC	1	QL(6.6667 ea daily)
EASY TOUCH SAFETY LANCETS28G/PRESSURE ACTIVATED MISC	1	QL(6.6667 ea daily)
EASY 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)

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Drug Name	Drug Tier	Requirements/ Limits
EQL THIN LANCETS 26G MISC	1	QL(6.6667 ea daily)
EZ SMART BLOOD GLUCOSE LANCETS MISC	1	QL(6.6667 ea daily)
EZ-LETS LANCETS 21G MISC	1	QL(6.6667 ea daily)
EZ-LETS LANCETS 23G MISC	1	QL(6.6667 ea daily)
EZ-LETS LANCETS 26G SUPER-SOFT MISC	1	QL(6.6667 ea daily)
EZ-LETS LANCETS 28G ULTRA-SOFT MISC	1	QL(6.6667 ea daily)
EZ-LETS LANCETS 30G MISC	1	QL(6.6667 ea daily)
FIFTY50 LANCING DEVICE MISC	1	
FIFTY50 SAFETY SEAL LANCETS 30G MISC	1	QL(6.6667 ea daily)
FIFTY50 SAFETY SEAL LANCETS 32G MISC	1	QL(6.6667 ea daily)
FIFTY50 UNILET LANCETS 33G MISC	1	QL(6.6667 ea daily)
FINE 30 MISC	1	QL(6.6667 ea daily)
FINGERSTIX LANCETS MISC	1	QL(6.6667 ea daily)
FORA LANCETS MISC	1	QL(6.6667 ea daily)
FORA LANCING DEVICE MISC	1	
FORA LANCING DEVICE/CLEARCAP MISC	1	
FREDS PHARMACY AUTOLET LANCING DEVICE MISC	1	
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)

Drug Name	Drug Tier	Requirements/ Limits
GENTEEL BUTTERFLY TOUCH LANCETS MISC	1	QL(6.6667 ea daily)
GENTEEL LANCING DEVICE/BUFF BLACK MISC	1	
GENTEEL LANCING DEVICE/BUTTERFLY BLUE MISC	1	
GENTEEL LANCING DEVICE/GLORIOUS GOLD MISC	1	
GENTEEL LANCING DEVICE/PLAYFUL PURPLE MISC	1	
GENTEEL LANCING DEVICE/PRECIOUS PLATINUM MISC	1	
GENTEEL LANCING DEVICE/PRINCESS PINK MISC	1	
GENTEEL LANCING DEVICE/STATELY SILVER MISC	1	
GENTEEL LANCING DEVICE/WILLOWY WHITE MISC	1	
GENTLE-LET GP LANCETS MISC	1	QL(6.6667 ea daily)
GENTLE-LET LANCETS GENERAL PURPOSE STYLE/FINE POINT MISC	1	QL(6.6667 ea daily)
GENTLE-LET LANCETS GENERAL PURPOSE STYLE/MEDIUM POINT MISC	1	QL(6.6667 ea daily)
GENTLE-LET LANCETS SAFETY STYLE/FINE POINT MISC	1	QL(6.6667 ea daily)
GENTLE-LET LANCETS SAFETY STYLE/MEDIUM POINT MISC	1	QL(6.6667 ea daily)
GLOBAL INJECT EASE LANCETS 28G MISC	1	QL(6.6667 ea daily)
GLOBAL INJECT EASE LANCETS 30G MISC	1	QL(6.6667 ea daily)
GLOBAL LANCING DEVICE MISC	1	

Drug Name	Drug Tier	Requirements/ Limits
GLUCOCOM LANCETS 28G MISC	1	QL(6.6667 ea daily)
GLUCOCOM LANCETS 30G MISC	1	QL(6.6667 ea daily)
GLUCOCOM LANCETS 33G MISC	1	QL(6.6667 ea daily)
GLUCOSOURCE LANCET DEVICE MISC	1	
GLUCOSOURCE LANCETS MISC	1	QL(6.6667 ea daily)
GNP LANCETS 21G MISC	1	QL(6.6667 ea daily)
GNP LANCETS MICRO THIN 33G MISC	1	QL(6.6667 ea daily)
GNP LANCETS MISC	1	QL(6.6667 ea daily)
GNP LANCETS SUPER THIN 30G MISC	1	QL(6.6667 ea daily)
GNP LANCETS THIN 26G MISC	1	QL(6.6667 ea daily)
GNP LANCETS THIN MISC	1	QL(6.6667 ea daily)
GNP MICRO THIN LANCETS 33G MISC	1	QL(6.6667 ea daily)
GNP SUPER THIN LANCETS/30G MISC	1	QL(6.6667 ea daily)
GOODSENSE COLOR LANCETS MICRO-THIN 33G UNIVERSAL MISC	1	QL(6.6667 ea daily)
GOODSENSE LANCETS MICRO-THIN 33G MISC	1	QL(6.6667 ea daily)
GOODSENSE LANCETS MICRO-THIN 33G UNIVERSAL MISC	1	QL(6.6667 ea daily)
GOODSENSE LANCETS ULTRA-THIN 26G UNIVERSAL MISC	1	QL(6.6667 ea daily)
GOODSENSE LANCETS ULTRA-THIN 30G MISC	1	QL(6.6667 ea daily)
GOODSENSE LANCETS ULTRA-THIN 30G UNIVERSAL MISC	1	QL(6.6667 ea daily)
GOODSENSE LANCING DEVICE MISC	1	

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

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Drug Name	Drug Tier	Requirements/ Limits
KINNEY LANCETS MISC	1	QL(6.6667 ea daily)
KINNEY THIN LANCETS MISC	1	QL(6.6667 ea daily)
KROGER LANCETS 21G MISC	1	QL(6.6667 ea daily)
KROGER LANCETS MICRO THIN33G MISC	1	QL(6.6667 ea daily)
KROGER LANCETS MISC	1	QL(6.6667 ea daily)
KROGER LANCETS SUPER THIN MISC	1	QL(6.6667 ea daily)
KROGER LANCETS THIN 26G MISC	1	QL(6.6667 ea daily)
KROGER LANCETS THIN MISC	1	QL(6.6667 ea daily)
KROGER LANCETS ULTRATHIN30G MISC	1	QL(6.6667 ea daily)
KROGER LANCING DEVICE MISC	1	
LANCET DEVICE ADJUSTABLE MISC	1	
LANCET DEVICE WITH EJECTOR MISC	1	
LANCETS 26G TWIST TOP MISC	1	QL(6.6667 ea daily)
LANCETS 28G MISC	1	QL(6.6667 ea daily)
LANCETS 30G MISC	1	QL(6.6667 ea daily)
LANCETS 30G TWIST TOP MISC	1	QL(6.6667 ea daily)
LANCETS 30G/TWIST TOP MISC	1	QL(6.6667 ea daily)
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)

Drug Name	Drug Tier	Requirements/ Limits
LANCETS SAFETY SEAL 26G MISC	1	QL(6.6667 ea daily)
LANCETS SAFETY SEAL 28G MISC	1	QL(6.6667 ea daily)
LANCETS SAFETY SEAL 30G MISC	1	QL(6.6667 ea daily)
LANCETS SUPER THIN 28G MISC	1	QL(6.6667 ea daily)
LANCETS THIN MISC	1	QL(6.6667 ea daily)
LANCETS TWIST TOP MISC	1	QL(6.6667 ea daily)
LANCETS ULTRA FINE MISC	1	QL(6.6667 ea daily)
LANCETS ULTRA THIN 30G MISC	1	QL(6.6667 ea daily)
LANCETS ULTRA THIN MISC	1	QL(6.6667 ea daily)
LANCETSBULLSEYE SAFETY MISC	1	QL(6.6667 ea daily)
LANCING DEVICE ADJUSTABLE MISC	1	
LANCING DEVICE MISC	1	
LANZO MISC	1	
LEADER ADVANCED LANCING DEVICE MISC	1	
LIBERTY MEDICAL LANCETS 30G MISC	1	QL(6.6667 ea daily)
LIBERTY MINI LANCING DEVICE MISC	1	
LIFESCAN UNISTIK 2 DEEP PENETRATION MISC	1	QL(6.6667 ea daily)
LIFESCAN UNISTIK II LANCETS MISC	1	QL(6.6667 ea daily)
LITE TOUCH LANCETS MISC	1	QL(6.6667 ea daily)
LITE TOUCH LANCING PEN MISC	1	
LITETOUCH LANCETS MICRO THIN 33G MISC	1	QL(6.6667 ea daily)
LIVE BETTER ADVANCED LANCING DEVICE MISC	1	

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	
MM LANCING DEVICE MISC	1	
MM TWIST LANCETS MISC	1	QL(6.6667 ea daily)
MONOLET LANCETS MISC	1	QL(6.6667 ea daily)
MONOLET OPD LANCETS MISC	1	QL(6.6667 ea daily)
MONOLETTOR SAFETY LANCETS MISC	1	QL(6.6667 ea daily)

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Drug Name	Drug Tier	Requirements/ Limits
MPD SAFETY LANCET 21G/1.8MM MISC	1	QL(6.6667 ea daily)
MPD SAFETY LANCET 28G/1.8MM MISC	1	QL(6.6667 ea daily)
MPD SAFETY LANCET 30G/1.8MM MISC	1	QL(6.6667 ea daily)
MPD SAFETY LANCETS 23G/1.8MM MISC	1	QL(6.6667 ea daily)
MULTI-LANCET DEVICE MISC	1	
MYGLUCOHEALTH MGH SOFTLANCE LANCETS 30G MISC	1	QL(6.6667 ea daily)
NETGROUP LANCETS MISC	1	QL(6.6667 ea daily)
NOVA SAFETY LANCETS 23G MISC	1	QL(6.6667 ea daily)
NOVA SAFETY LANCETS 28G MISC	1	QL(6.6667 ea daily)
NOVA SUREFLEX LANCETS MISC	1	QL(6.6667 ea daily)
NOVA SUREFLEX LANCING DEVICE MISC	1	
ON CALL LANCETS MISC	1	QL(6.6667 ea daily)
ON CALL LANCING DEVICE MISC	1	
ON CALL PLUS LANCETS MISC	1	QL(6.6667 ea daily)
ON CALL PLUS LANCING DEVICE MISC	1	
ONETOUCH CLUB LANCETS FINE POINT MISC	1	QL(6.6667 ea daily)
ONETOUCH COMBO PACK MISC	1	QL(6.6667 ea daily)
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)

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

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Drug Name	Drug Tier	Requirements/ Limits
PRODIGY LANCING DEVICE MISC	1	
PRODIGY PRESSURE ACTIVATED SAFETY LANCETS MISC	1	QL(6.6667 ea daily)
PRODIGY SAFETY LANCETS MISC	1	QL(6.6667 ea daily)
PRODIGY TWIST TOP LANCETS MISC	1	QL(6.6667 ea daily)
PSS SELECT GP LANCETS MISC	1	QL(6.6667 ea daily)
PSS SELECT SAFETY LANCETS MISC	1	QL(6.6667 ea daily)
PUSH BUTTON SAFETY LANCETS 21G MISC	1	QL(6.6667 ea daily)
PUSH BUTTON SAFETY LANCETS 28G MISC	1	QL(6.6667 ea daily)
PX ADVANCED LANCING DEVICE MISC	1	
PX LANCET AUTO INJECTOR MISC	1	
PX LANCETS ULTRA THIN 28G MISC	1	QL(6.6667 ea daily)
PX LANCETS ULTRA THIN MISC	1	QL(6.6667 ea daily)
QC ADVANCED LANCING DEVICE MISC	1	
QC LANCETS SUPER THIN MISC	1	QL(6.6667 ea daily)
QC LANCETS ULTRA THIN MISC	1	QL(6.6667 ea daily)
QC UNILET LANCETS 28G/ULTRA THIN MISC	1	QL(6.6667 ea daily)
QC UNILET LANCETS 33G/MICRO THIN MISC	1	QL(6.6667 ea daily)
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)

Drug Name	Drug Tier	Requirements/ Limits
RA LANCING DEVICE MISC	1	
READYLANCE SAFETY LANCETS/21G/2.2MM MISC	1	QL(6.6667 ea daily)
READYLANCE SAFETY LANCETS/23G/1.8MM MISC	1	QL(6.6667 ea daily)
READYLANCE SAFETY LANCETS/26G/1.8MM MISC	1	QL(6.6667 ea daily)
READYLANCE SAFETY LANCETS/28G/1.8MM MISC	1	QL(6.6667 ea daily)
READYLANCE SAFETY LANCETS/30G/1.6MM MISC	1	QL(6.6667 ea daily)
REALITY LANCETS MISC	1	QL(6.6667 ea daily)
REALITY TRIGGER LANCETS MISC	1	QL(6.6667 ea daily)
RELION 2-IN-1 LANCING DEVICE 25G MISC	1	
RELION 2-IN-1 LANCING DEVICE 30G MISC	1	
RELION LANCETS MICRO-THIN33G MISC	1	QL(6.6667 ea daily)
RELION LANCETS STANDARD 21G MISC	1	QL(6.6667 ea daily)
RELION LANCETS THIN 26G MISC	1	QL(6.6667 ea daily)
RELION LANCETS ULTRA-THIN30G MISC	1	QL(6.6667 ea daily)
RELION LANCING DEVICE MISC	1	
RELION ULTRA THIN LANCETS30G MISC	1	QL(6.6667 ea daily)
RELION ULTRA THIN PLUS LANCETS 32G MISC	1	QL(6.6667 ea daily)
RELION ULTRA THIN PLUS LANCETS 33G MISC	1	QL(6.6667 ea daily)
REXALL LANCETS ULTRA THIN MISC	1	QL(6.6667 ea daily)
RIGHTEST GD500 LANCING DEVICE MISC	1	

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Drug Name	Drug Tier	Requirements/ Limits
RIGHTEST GL300 LANCETS MISC	1	QL(6.6667 ea daily)
SAFE-T-LANCE LOW FLOW 25G MISC	1	QL(6.6667 ea daily)
SAFE-T-LANCE NORMAL FLOW21G MISC	1	QL(6.6667 ea daily)
SAFE-T-LANCE PLUS SAFETYLANCET HIGH FLOW MISC	1	QL(6.6667 ea daily)
SAFE-T-LANCE PLUS SAFETYLANCET LOW FLOW MISC	1	QL(6.6667 ea daily)
SAFE-T-LANCE PLUS SAFETYLANCET NORMAL FLOW MISC	1	QL(6.6667 ea daily)
SAFETY LANCET 21G/PRESSURE ACTIVATED MISC	1	QL(6.6667 ea daily)
SAFETY LANCET 28G/PRESSURE ACTIVATED MISC	1	QL(6.6667 ea daily)
SAFETY LANCETS 21G MISC	1	QL(6.6667 ea daily)
SAFETY LANCETS 28G MISC	1	QL(6.6667 ea daily)
SAFETY LANCETS MISC	1	QL(6.6667 ea daily)
SAFETY LET LANCETS MISC	1	QL(6.6667 ea daily)
SAFETY SEAL LANCETS 28G MISC	1	QL(6.6667 ea daily)
SAFETY SEAL LANCETS 30G MISC	1	QL(6.6667 ea daily)
SAPS HEALTH TWIST TOP LANCETS 30G MISC	1	QL(6.6667 ea daily)
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	

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

Drug Name	Drug Tier	Requirements/ Limits
SURE COMFORT LANCETS 18G MISC	1	QL(6.6667 ea daily)
SURE COMFORT LANCETS 21G MISC	1	QL(6.6667 ea daily)
SURE COMFORT LANCETS 23G MISC	1	QL(6.6667 ea daily)
SURE COMFORT LANCETS 28G MISC	1	QL(6.6667 ea daily)
SURE COMFORT LANCETS 30G MISC	1	QL(6.6667 ea daily)
SURE COMFORT LANCING PEN MISC	1	
SURE-LANCE FLAT LANCETS MISC	1	QL(6.6667 ea daily)
SURE-LANCE LANCETS 26G MISC	1	QL(6.6667 ea daily)
SURE-LANCE THIN LANCETS 28G MISC	1	QL(6.6667 ea daily)
SURE-LANCE ULTRA THIN LANCETS MISC	1	QL(6.6667 ea daily)
SURE-PEN MISC	1	
SURE-TOUCH LANCETS UNIVERSAL MISC	1	QL(6.6667 ea daily)
SURELITE LANCETS MISC	1	QL(6.6667 ea daily)
TECHLITE AST LANCETS MISC	1	QL(6.6667 ea daily)
TECHLITE LANCETS 30G MISC	1	QL(6.6667 ea daily)
TECHLITE LANCETS MISC	1	QL(6.6667 ea daily)
TGT LANCET MICRO THIN 33G MISC	1	QL(6.6667 ea daily)
TGT LANCET THIN 26G MISC	1	QL(6.6667 ea daily)
TGT LANCET ULTRA THIN 30G MISC	1	QL(6.6667 ea daily)
TGT LANCING DEVICE MISC	1	
THINLETS GP LANCETS MISC	1	QL(6.6667 ea daily)
THINLETS LANCET MISC	1	QL(6.6667 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
TODAYS HEALTH ADVANCED LANCING DEVICE MISC	1	
TODAYS HEALTH SUPER THINLANCETS 30G MISC	1	QL(6.6667 ea daily)
TODAYS HEALTH ULTRA THINLANCETS 28G MISC	1	QL(6.6667 ea daily)
TOPCARE LANCETS MICRO-THIN 33G MISC	1	QL(6.6667 ea daily)
TRAVEL LANCETS 30G MISC	1	QL(6.6667 ea daily)
TRAVEL LANCETS ADVANCED 28G MISC	1	QL(6.6667 ea daily)
TRUE COMFORT TWIST TOP LANCETS 30G MISC	1	QL(6.6667 ea daily)
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)
ULTILET SAFETY LANCETS 21G X 2.2MM MISC	1	QL(6.6667 ea daily)

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Drug Name	Drug Tier	Requirements/ Limits
ULTILET SAFETY LANCETS 23G MISC	1	QL(6.6667 ea daily)
ULTRA THIN LANCETS 31G MISC	1	QL(6.6667 ea daily)
ULTRA-CARE LANCETS 30G MISC	1	QL(6.6667 ea daily)
ULTRA-THIN II AUTO LANCET MISC	1	QL(6.6667 ea daily)
ULTRA-THIN II LANCETS 28G MISC	1	QL(6.6667 ea daily)
ULTRA-THIN II LANCETS 30G MISC	1	QL(6.6667 ea daily)
ULTRA-THIN II SAFETY AUTOLANCETS 26G MISC	1	QL(6.6667 ea daily)
UNILET COMFORTOUCH LANCET MISC	1	QL(6.6667 ea daily)
UNILET EXCELITE II MISC	1	QL(6.6667 ea daily)
UNILET EXCELITE MISC	1	QL(6.6667 ea daily)
UNILET G.P. LANCET MISC	1	QL(6.6667 ea daily)
UNILET G.P. SUPERLITE LANCET MISC	1	QL(6.6667 ea daily)
UNILET GP 28 ULTRA THIN MISC	1	QL(6.6667 ea daily)
UNILET LANCET MISC	1	QL(6.6667 ea daily)
UNILET LANCETS MICRO-THIN33G MISC	1	QL(6.6667 ea daily)
UNILET LANCETS SUPER-THIN30G MISC	1	QL(6.6667 ea daily)
UNILET LANCETS ULTRA-THIN 28G MISC	1	QL(6.6667 ea daily)
UNILET SUPERLITE LANCET MISC	1	QL(6.6667 ea daily)
UNISTIK 3 GENTLE MISC	1	QL(6.6667 ea daily)
UNISTIK PRO SAFETY LANCET 21G MISC	1	QL(6.6667 ea daily)
UNISTIK PRO SAFETY LANCET 25G MISC	1	QL(6.6667 ea daily)
UNISTIK PRO SAFETY LANCET 28G MISC	1	QL(6.6667 ea daily)

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

Drug Name	Drug Tier	Requirements/ Limits
W&F LANCETS COLORED 21G MISC	1	QL(6.6667 ea daily)
WALGREENS ADVANCED TRAVELLANCETS 28G MISC	1	QL(6.6667 ea daily)
WALGREENS COMFORT ASSURED LANCETS MICRO THIN/33G MISC	1	QL(6.6667 ea daily)
WALGREENS COMFORT ASSURED LANCETS SUPER THIN/28G MISC	1	QL(6.6667 ea daily)
WALGREENS LANCETS MISC	1	QL(6.6667 ea daily)
WALGREENS THIN LANCETS MISC	1	QL(6.6667 ea daily)
WALGREENS ULTRA THIN LANCETS MISC	1	QL(6.6667 ea daily)
Parenteral Therapy Supplies		
1ST TIER UNIFINE PENTIPS/MINI/31GX5MM MISC	1	QL(5 ea daily); RX/OTC
1ST TIER UNIFINE PENTIPS29GX12MM MISC	1	QL(5 ea daily); RX/OTC
1ST TIER UNIFINE PENTIPS31GX6MM MISC	1	QL(5 ea daily); RX/OTC
1ST TIER UNIFINE PENTIPS31GX8MM MISC	1	QL(5 ea daily); RX/OTC
1ST TIER UNIFINE PENTIPS32GX4MM MISC	1	QL(5 ea daily); RX/OTC
1ST TIER UNIFINE PENTIPSPLUS 31GX8MM MISC	1	QL(5 ea daily); RX/OTC
1ST TIER UNIFINE PENTIPSPLUS 32GX4MM MISC	1	QL(5 ea daily); RX/OTC
1ST TIER UNIFINE PENTIPSPLUS/MINI/31GX 5MM MISC	1	QL(5 ea daily); RX/OTC
1ST TIER UNIFINE PENTIPSPLUS/ORIGINAL/ 29GX12MM MISC	1	QL(5 ea daily); RX/OTC
1ST TIER UNIFINE PENTIPSPLUS/ULTRA SHORT/31GX6MM MISC	1	QL(5 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
ADVOCATE INSULIN PEN NEEDLES 29GX12.7MM MISC	1	QL(5 ea daily)
ADVOCATE INSULIN PEN NEEDLES 31GX5MM MISC	1	QL(5 ea daily); RX/OTC
ADVOCATE INSULIN PEN NEEDLES 31GX8MM MISC	1	QL(5 ea daily); RX/OTC
ADVOCATE INSULIN SYRINGE/U- 100/0.3ML/29GX1/2" MISC	1	QL(5 ea daily); RX/OTC
ADVOCATE INSULIN SYRINGE/U- 100/0.3ML/30GX5/16" MISC	1	QL(5 ea daily); RX/OTC
ADVOCATE INSULIN SYRINGE/U- 100/0.3ML/31GX5/16" MISC	1	QL(5 ea daily)
ADVOCATE INSULIN SYRINGE/U- 100/0.5ML/29GX1/2" MISC	1	QL(5 ea daily); RX/OTC
ADVOCATE INSULIN SYRINGE/U- 100/0.5ML/30GX5/16" MISC	1	QL(5 ea daily); RX/OTC
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

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

Drug Name	Drug Tier	Requirements/ Limits
BD INSULIN SYRINGE 0.5ML/29G X 12.7MM MISC	1	QL(5 ea daily); RX/OTC
BD INSULIN SYRINGE LUER-LOK/U-100/1ML MISC	1	QL(5 ea daily); RX/OTC
BD INSULIN SYRINGE MICROFINE IV/U-100/0.3ML/28G X 1/2" MISC	1	QL(5 ea daily)
BD INSULIN SYRINGE MICROFINE IV/U-100/0.5ML/28G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
BD INSULIN SYRINGE MICROFINE IV/U-100/1ML/27G X 5/8" MISC	1	QL(5 ea daily)
BD INSULIN SYRINGE MICROFINE IV/U-100/1ML/28G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
BD INSULIN SYRINGE MICROFINE/U-100/0.3ML/28G X 1/2" MISC	1	QL(5 ea daily)
BD INSULIN SYRINGE MICROFINE/U-100/0.5ML/28G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
BD INSULIN SYRINGE MICROFINE/U-100/1ML/27G X 5/8" MISC	1	QL(5 ea daily)
BD INSULIN SYRINGE MICROFINE/U-100/1ML/28G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
BD INSULIN SYRINGE SAFETYGLIDE/0.5ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
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 SAFETYGLIDE/U-100/1ML/31G X 15/64" MISC	1	QL(5 ea daily)

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

Drug Name	Drug Tier	Requirements/ Limits
BD INSULIN SYRINGE ULTRAFINE/U-100/0.3ML/31G X 5/16" MISC	1	QL(5 ea daily)
BD INSULIN SYRINGE ULTRAFINE/U-100/0.5ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
BD INSULIN SYRINGE ULTRAFINE/U-100/0.5ML/30G X 1/2" MISC	1	QL(5 ea daily)
BD INSULIN SYRINGE ULTRAFINE/U-100/0.5ML/31G X 5/16" MISC	1	QL(5 ea daily)
BD INSULIN SYRINGE ULTRAFINE/U-100/1ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
BD INSULIN SYRINGE ULTRAFINE/U-100/1ML/30G X 1/2" MISC	1	QL(5 ea daily)
BD INSULIN SYRINGE ULTRAFINE/U-100/1ML/31G X 15/64" MISC	1	QL(5 ea daily)
BD INSULIN SYRINGE ULTRAFINE/U-100/1ML/31G X 5/16" MISC	1	QL(5 ea daily)
BD INSULIN SYRINGE/1ML/27GX12.7 MM MISC	1	QL(5 ea daily); RX/OTC
BD INSULIN SYRINGE/DETACHABLE NEEDLE/U-100/1ML/25G X 1" MISC	1	QL(5 ea daily)
BD INSULIN SYRINGE/DETACHABLE NEEDLE/U-100/1ML/25G X 5/8" MISC	1	QL(5 ea daily)
BD INSULIN SYRINGE/DETACHABLE NEEDLE/U-100/1ML/26G X 1/2" MISC	1	QL(5 ea daily)
BD INSULIN SYRINGE/U-100/0.5ML/30G X 1/2" MISC	1	QL(5 ea daily)

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Drug Name	Drug Tier	Requirements/ Limits
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)
BD PEN NEEDLE/ULTRAFINE/29G X 1/2" 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)
BD VEO INSULIN SYRINGE ULTRAFINE/U-100/1ML/31G X 15/64" MISC	1	QL(5 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
CAREFINE PEN NEEDLE 32GX4MM MISC	1	QL(5 ea daily); RX/OTC
CAREFINE PEN NEEDLES 29GX1/2" MISC	1	QL(5 ea daily); RX/OTC
CAREFINE PEN NEEDLES 30GX5/16" MISC	1	QL(5 ea daily)
CAREFINE PEN NEEDLES 31GX6MM MISC	1	QL(5 ea daily); RX/OTC
CAREFINE PEN NEEDLES 31GX8MM MISC	1	QL(5 ea daily); RX/OTC
CAREFINE PEN NEEDLES 32GX5MM MISC	1	QL(5 ea daily); RX/OTC
CAREFINE PEN NEEDLES 32GX6MM MISC	1	QL(5 ea daily)
CAREONE INSULIN SYRINGES/0.3ML/30G X 1/2" MISC	1	QL(5 ea daily)
CAREONE INSULIN SYRINGES/0.3ML/31G X 5/16" MISC	1	QL(5 ea daily)
CAREONE INSULIN SYRINGES/0.5ML/30G X 1/2" MISC	1	QL(5 ea daily)
CAREONE INSULIN SYRINGES/0.5ML/31G X 5/16" MISC	1	QL(5 ea daily)
CAREONE INSULIN SYRINGES/1ML/30G X 1/2" MISC	1	QL(5 ea daily)
CAREONE INSULIN SYRINGES/1ML/31GX5/16" MISC	1	QL(5 ea daily)
CAREONE UNIFINE PENTIPS 29GX12MM MISC	1	QL(5 ea daily); RX/OTC
CAREONE UNIFINE PENTIPS 31GX5MM MISC	1	QL(5 ea daily); RX/OTC
CAREONE UNIFINE PENTIPS 31GX6MM MISC	1	QL(5 ea daily); RX/OTC
CAREONE UNIFINE PENTIPS 31GX8MM MISC	1	QL(5 ea daily); RX/OTC

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Drug Name	Drug Tier	Requirements/ Limits
CAREONE UNIFINE PENTIPS PEN NEEDLES 32GX4MM MISC	1	QL(5 ea daily); RX/OTC
CAREONE UNIFINE PENTIPS PLUS PEN NEEDLES 29GX12MM MISC	1	QL(5 ea daily); RX/OTC
CAREONE UNIFINE PENTIPS PLUS PEN NEEDLES 31GX5MM MISC	1	QL(5 ea daily); RX/OTC
CAREONE UNIFINE PENTIPS PLUS PEN NEEDLES 31GX6MM MISC	1	QL(5 ea daily); RX/OTC
CAREONE UNIFINE PENTIPS PLUS PEN NEEDLES 31GX8MM MISC	1	QL(5 ea daily); RX/OTC
CAREONE UNIFINE PENTIPS PLUS PEN NEEDLES 32GX4MM MISC	1	QL(5 ea daily); RX/OTC
CARETOUCH PEN NEEDLES 31G X 6 MM MISC	1	QL(5 ea daily); RX/OTC
CARETOUCH PEN NEEDLES 31GX 5MM MISC	1	QL(5 ea daily); RX/OTC
CARETOUCH PEN NEEDLES 31GX 8MM MISC	1	QL(5 ea daily); RX/OTC
CARETOUCH PEN NEEDLES 32GX 4MM MISC	1	QL(5 ea daily); RX/OTC
CARETOUCH PEN NEEDLES 32GX 5MM MISC	1	QL(5 ea daily); RX/OTC
CLEVER CHOICE COMFORT EZINSULIN PEN NEEDLES 31GX8MM MISC	1	QL(5 ea daily); RX/OTC
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.3ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
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
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

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Drug Name	Drug Tier	Requirements/ Limits
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/U-100/1ML/31GX5/16" MISC	1	QL(5 ea daily)
CLEVER CHOICE COMFORT EZPEN NEEDLES 29GX12MM MISC	1	QL(5 ea daily); RX/OTC
CLEVER CHOICE COMFORT EZPEN NEEDLES 31GX5MM MISC	1	QL(5 ea daily); RX/OTC
CLEVER CHOICE COMFORT EZPEN NEEDLES 31GX6MM MISC	1	QL(5 ea daily); RX/OTC
CLEVER CHOICE COMFORT EZPEN NEEDLES 31GX8MM MISC	1	QL(5 ea daily); RX/OTC
CLEVER CHOICE COMFORT EZPEN NEEDLES 32GX4MM MISC	1	QL(5 ea daily); RX/OTC
CLEVER CHOICE COMFORT EZPEN NEEDLES 32GX5MM MISC	1	QL(5 ea daily); RX/OTC
CLEVER CHOICE COMFORT EZPEN NEEDLES 32GX6MM MISC	1	QL(5 ea daily)
CLICKFINE PEN NEEDLE 32GX5/32" MISC	1	QL(5 ea daily); RX/OTC
CLICKFINE PEN NEEDLE UNIVERSAL/31GX1/4" MISC	1	QL(5 ea daily); RX/OTC
CLICKFINE PEN NEEDLE UNIVERSAL/31GX5/16" MISC	1	QL(5 ea daily); RX/OTC
CLICKFINE PEN NEEDLES/31GX1/4" MISC	1	QL(5 ea daily); RX/OTC
CLICKFINE PEN NEEDLES/31GX5/16" MISC	1	QL(5 ea daily); RX/OTC
CLICKFINE UNIVERSAL PEN NEEDLES 31GX5/16" MISC	1	QL(5 ea daily); RX/OTC

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

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

Drug Name	Drug Tier	Requirements/ Limits
DROPSAFE SAFTEY PEN NEEDLES/31G X 1/4" MISC	1	QL(5 ea daily); RX/OTC
DRUG MART UNIFINE PENTIPS 31GX5MM MISC	1	QL(5 ea daily); RX/OTC
DRUG MART UNIFINE PENTIPS29G X 12MM MISC	1	QL(5 ea daily); RX/OTC
DRUG MART UNIFINE PENTIPS31GX6MM MISC	1	QL(5 ea daily); RX/OTC
DRUG MART UNIFINE PENTIPS31GX8MM MISC	1	QL(5 ea daily); RX/OTC
DRUG MART UNIFINE PENTIPS32GX4MM MISC	1	QL(5 ea daily); RX/OTC
DRUG MART UNIFINE PENTIPSPLUS 32GX4MM MISC	1	QL(5 ea daily); RX/OTC
EASY COMFORT INSULIN SYRINGE/0.5ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
EASY COMFORT INSULIN SYRINGE/0.5ML/31G X 5/16" MISC	1	QL(5 ea daily)
EASY COMFORT INSULIN SYRINGE/1ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
EASY COMFORT INSULIN SYRINGE/1ML/31G X 5/16" MISC	1	QL(5 ea daily)
EASY COMFORT INSULIN SYRINGE/U-100/0.5ML/30G X 1/2" MISC	1	QL(5 ea daily)
EASY COMFORT INSULIN SYRINGE/U-100/1ML/30G X 1/2" MISC	1	QL(5 ea daily)
EASY COMFORT PEN NEEDLES31GX1/4" MISC	1	QL(5 ea daily); RX/OTC
EASY COMFORT PEN NEEDLES31GX3/16" MISC	1	QL(5 ea daily); RX/OTC
EASY COMFORT PEN NEEDLES31GX5/16" MISC	1	QL(5 ea daily); RX/OTC
EASY COMFORT PEN NEEDLES32GX5/32" MISC	1	QL(5 ea daily); RX/OTC
EASY TOUCH 32GX5MM MISC	1	QL(5 ea daily); RX/OTC

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

Drug Name	Drug Tier	Requirements/Limits
EASY TOUCH INSULIN SYRINGE/U-100/0.3ML/30G X 1/2" MISC	1	QL(5 ea daily)
EASY TOUCH INSULIN SYRINGE/U-100/0.5ML/27G X 1/2" MISC	1	QL(5 ea daily)
EASY TOUCH INSULIN SYRINGE/U-100/0.5ML/28G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
EASY TOUCH INSULIN SYRINGE/U-100/0.5ML/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)
EASY TOUCH PEN NEEDLES 29GX1/2" MISC	1	QL(5 ea daily); RX/OTC
EASY TOUCH PEN NEEDLES 31GX1/4" MISC	1	QL(5 ea daily); RX/OTC
EASY TOUCH PEN NEEDLES 31GX5/16" MISC	1	QL(5 ea daily); RX/OTC
EASY TOUCH PEN NEEDLES 32GX1/4" MISC	1	QL(5 ea daily)

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

Drug Name	Drug Tier	Requirements/ Limits
ELITE-THIN INSULIN SYRINGE/U-100/1ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
ELITE-THIN INSULIN SYRINGE/U-100/1ML/31G X 5/16" MISC	1	QL(5 ea daily)
EQL INSULIN SYRINGE/0.3ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
EQL INSULIN SYRINGE/0.3ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
EQL INSULIN SYRINGE/0.3ML/31G X 5/16" MISC	1	QL(5 ea daily)
EQL INSULIN SYRINGE/0.5ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
EQL INSULIN SYRINGE/0.5ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
EQL INSULIN SYRINGE/0.5ML/31G X 5/16" MISC	1	QL(5 ea daily)
EQL INSULIN SYRINGE/1ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
EQL INSULIN SYRINGE/1ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
EQL INSULIN SYRINGE/1ML/31G X 5/16" MISC	1	QL(5 ea daily)
EXEL COMFORT POINT INSULIN PEN NEEDLES 29G X 12MM MISC	1	QL(5 ea daily); RX/OTC
EXEL COMFORT POINT INSULIN PEN NEEDLES 31G X 6MM MISC	1	QL(5 ea daily); RX/OTC
EXEL COMFORT POINT INSULIN PEN NEEDLES 31G X 8MM MISC	1	QL(5 ea daily); RX/OTC
EXEL COMFORT POINT INSULIN SYRINGE/0.3ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC

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

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

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

Drug Name	Drug Tier	Requirements/ Limits
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)
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)

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

Drug Name	Drug Tier	Requirements/ Limits
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)
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

Drug Name	Drug Tier	Requirements/Limits
GNP ULTRA COMFORT INSULIN SYRINGE/1ML/31G X 5/16" SHORT MISC	1	QL(5 ea daily)
H-E-B IN CONTROL PEN NEEDLES 31GX5MM MISC	1	QL(5 ea daily); RX/OTC
H-E-B IN CONTROL PEN NEEDLES 31GX6MM MISC	1	QL(5 ea daily); RX/OTC
H-E-B IN CONTROL PEN NEEDLES 31GX8MM MISC	1	QL(5 ea daily); RX/OTC
H-E-B IN CONTROL PEN NEEDLES/NANO/32GX4MM 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); RX/OTC
HEALTHWISE PEN NEEDLES 29GX12MM MISC	1	QL(5 ea daily); RX/OTC
HEALTHWISE SHORT PEN NEEDLES 31GX8MM MISC	1	QL(5 ea daily); RX/OTC
HEALTHWISE UNIFINE PENTIPS PEN NEEDLES 32GX4MM MISC	1	QL(5 ea daily); RX/OTC
HEALTHY ACCENTS UNIFINE PENTIPS PEN NEEDLES 29GX12MM MISC	1	QL(5 ea daily); RX/OTC
HEALTHY ACCENTS UNIFINE PENTIPS PEN NEEDLES 31GX5MM MISC	1	QL(5 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/Limits
HEALTHY ACCENTS UNIFINE PENTIPS PEN NEEDLES 31GX6MM MISC	1	QL(5 ea daily); RX/OTC
HEALTHY ACCENTS UNIFINE PENTIPS PEN NEEDLES 31GX8MM MISC	1	QL(5 ea daily); RX/OTC
HEALTHY ACCENTS UNIFINE PENTIPS PEN NEEDLES 32GX4MM MISC	1	QL(5 ea daily); RX/OTC
INSULIN SYRINGE/0.3ML/29G X 1" MISC	1	QL(5 ea daily)
INSULIN SYRINGE/0.3ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
INSULIN SYRINGE/0.3ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
INSULIN SYRINGE/0.3ML/31G X 5/16" MISC	1	QL(5 ea daily)
INSULIN SYRINGE/0.5ML/27G X 1/2" MISC	1	QL(5 ea daily)
INSULIN SYRINGE/0.5ML/28G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
INSULIN SYRINGE/0.5ML/30G X 1/2" MISC	1	QL(5 ea daily)
INSULIN SYRINGE/0.5ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
INSULIN SYRINGE/0.5ML/31G X 5/16" MISC	1	QL(5 ea daily)
INSULIN SYRINGE/1ML/28G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
INSULIN SYRINGE/1ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
INSULIN SYRINGE/1ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC

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

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

Drug Name	Drug Tier	Requirements/ Limits
INSUPEN ULTRAFIN 30GX8MM MISC	1	QL(5 ea daily)
INSUPEN ULTRAFIN 31GX6MM MISC	1	QL(5 ea daily); RX/OTC
INSUPEN ULTRAFIN 31GX8MM MISC	1	QL(5 ea daily); RX/OTC
KINRAY INSULIN SYRINGE PREFERRED PLUS/0.3ML/31G X 5/16" MISC	1	QL(5 ea daily)
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

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

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Drug Name	Drug Tier	Requirements/ Limits
LEADER UNIFINE PENTIPS PLUS/MINI/31GX3/16" MISC	1	QL(5 ea daily); RX/OTC
LEADER UNIFINE PENTIPS PLUS/SHORT/31GX5/16" MISC	1	QL(5 ea daily); RX/OTC
LEADER UNIFINE PENTIPS/MINI/31GX3/16" MISC	1	QL(5 ea daily); RX/OTC
LEADER UNIFINE PENTIPS/NANO/32GX5/32 " MISC	1	QL(5 ea daily); RX/OTC
LEADER UNIFINE PENTIPS/PLUS/32GX5/32 " MISC	1	QL(5 ea daily); RX/OTC
LITE TOUCH PEN NEEDLES/31G X 3/16" MISC	1	QL(5 ea daily); RX/OTC
LITETOUCH INSULIN SYRINGE/0.3ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
LITETOUCH INSULIN SYRINGE/0.3ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
LITETOUCH INSULIN SYRINGE/0.3ML/31G X 5/16" MISC	1	QL(5 ea daily)
LITETOUCH INSULIN SYRINGE/0.5ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
LITETOUCH INSULIN SYRINGE/0.5ML/31G X 5/16" MISC	1	QL(5 ea daily)
LITETOUCH INSULIN SYRINGE/1ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
LITETOUCH INSULIN SYRINGE/U- 100/0.5ML/28G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
LITETOUCH INSULIN SYRINGE/U- 100/0.5ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
LITETOUCH INSULIN SYRINGE/U-100/1ML/28G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
LITETOUCH INSULIN SYRINGE/U-100/1ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
LITETOUCH INSULIN SYRINGE/U-100/1ML/31G X 5/16" MISC	1	QL(5 ea daily)
LITETOUCH PEN NEEDLES 29GX12.7MM MISC	1	QL(5 ea daily)
LITETOUCH PEN NEEDLES 31G X 6MM MISC	1	QL(5 ea daily); RX/OTC
LITETOUCH PEN NEEDLES 31GX8MM SHORT MISC	1	QL(5 ea daily); RX/OTC
LONGS INSULIN SYRINGE/0.5ML/31G X 5/16" MISC	1	QL(5 ea daily)
MAGELLAN INSULIN SAFETY SYRINGE/U- 100/0.3ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
MAGELLAN INSULIN SAFETY SYRINGE/U- 100/0.3ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
MAGELLAN INSULIN SAFETY SYRINGE/U- 100/0.5ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
MAGELLAN INSULIN SAFETY SYRINGE/U- 100/0.5ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
MAGELLAN INSULIN SAFETY SYRINGE/U- 100/1ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
MAGELLAN INSULIN SAFETY SYRINGE/U- 100/1ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
MARATHON MEDICAL PENTIPS29GX12MM MISC	1	QL(5 ea daily); RX/OTC

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); RX/OTC
MEDICINE SHOPPE PEN NEEDLES 31G X 8MM MISC	1	QL(5 ea daily); RX/OTC
MEIJER PEN NEEDLES 29G X12MM MISC	1	QL(5 ea daily); RX/OTC
MEIJER PEN NEEDLES 31G X6MM MISC	1	QL(5 ea daily); RX/OTC
MEIJER PEN NEEDLES 31G X8MM MISC	1	QL(5 ea daily); RX/OTC
MM INSULIN SYRINGE/U-100/0.3ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
MM INSULIN SYRINGE/U-100/0.3ML/31G X 5/16" MISC	1	QL(5 ea daily)
MM INSULIN SYRINGE/U-100/1/2ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
MM INSULIN SYRINGE/U-100/1/2ML/31G X 5/16" MISC	1	QL(5 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
MM INSULIN SYRINGE/U-100/1ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
MM INSULIN SYRINGE/U-100/1ML/31G X 5/16" MISC	1	QL(5 ea daily)
MM PEN NEEDLES 31G X 1/4" MISC	1	QL(5 ea daily); RX/OTC
MM PEN NEEDLES 31G X 3/16" MISC	1	QL(5 ea daily); RX/OTC
MM PEN NEEDLES 31G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
MM PEN NEEDLES 32G X 5/32" MISC	1	QL(5 ea daily); RX/OTC
MONOJECT INSULIN SYRINGE/1ML MISC	1	QL(5 ea daily); RX/OTC
MONOJECT INSULIN SYRINGE/1ML/31G X 5/16" MISC	1	QL(5 ea daily)
MONOJECT INSULIN SYRINGE/DETACH NEEDLE/1ML/25G X 5/8" MISC	1	QL(5 ea daily)
MONOJECT INSULIN SYRINGE/DETACH NEEDLE/1ML/27G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
MONOJECT INSULIN SYRINGE/PERM NEEDLE/1ML/28G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
MONOJECT INSULIN SYRINGE/PERM NEEDLE/U-100/0.5ML/28G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
MONOJECT INSULIN SYRINGE/SAFETY/PERM NEEDLE/0.3ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
MONOJECT INSULIN SYRINGE/SAFETY/PERM NEEDLE/0.3ML/29GX1/2" MISC	1	QL(5 ea daily); RX/OTC
MONOJECT INSULIN SYRINGE/SAFETY/PERM NEEDLE/0.5ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC

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Drug Name	Drug Tier	Requirements/Limits
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
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

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

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

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

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Drug Name	Drug Tier	Requirements/ Limits
PRECISION SURE-DOSE PLUSINSULIN SYRINGE/0.3ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
PRECISION SURE-DOSE PLUSINSULIN SYRINGE/1ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
PREFERRED PLUS INSULIN SYRINGE/U-100/0.3ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
PREFERRED PLUS INSULIN SYRINGE/U-100/0.3ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
PREFERRED PLUS INSULIN SYRINGE/U-100/0.5ML/28G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
PREFERRED PLUS INSULIN SYRINGE/U-100/0.5ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
PREFERRED PLUS INSULIN SYRINGE/U-100/0.5ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
PREFERRED PLUS INSULIN SYRINGE/U-100/0.5ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
PREFERRED PLUS INSULIN SYRINGE/U-100/1ML/28G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
PREFERRED PLUS INSULIN SYRINGE/U-100/1ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
PREFERRED PLUS INSULIN SYRINGE/U-100/1ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
PREFERRED PLUS UNIFINE PENTIPS 29G X 12MM MISC	1	QL(5 ea daily); RX/OTC
PREFERRED PLUS UNIFINE PENTIPS 31G X 6MM ULTRA SHORT MISC	1	QL(5 ea daily); RX/OTC
PREFERRED PLUS UNIFINE PENTIPS 31G X 8MM SHORT MISC	1	QL(5 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
PREFERRED PLUS UNIFINE PENTIPS 32GX4MM MISC	1	QL(5 ea daily); RX/OTC
PREFERRED PLUS UNIFINE PENTIPS/MINI/31GX5MM MISC	1	QL(5 ea daily); RX/OTC
PRO COMFORT INSULIN SYRINGES/0.5ML/30G X 1/2" MISC	1	QL(5 ea daily)
PRO COMFORT INSULIN SYRINGES/0.5ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
PRO COMFORT INSULIN SYRINGES/0.5ML/31G X 5/16" MISC	1	QL(5 ea daily)
PRO COMFORT INSULIN SYRINGES/1ML/30G X 1/2" MISC	1	QL(5 ea daily)
PRO COMFORT INSULIN SYRINGES/1ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
PRO COMFORT INSULIN SYRINGES/1ML/31G X 5/16" MISC	1	QL(5 ea daily)
PRO COMFORT PEN NEEDLES/31G X 8MM MISC	1	QL(5 ea daily); RX/OTC
PRO COMFORT PEN NEEDLES/32G X 4MM MISC	1	QL(5 ea daily); RX/OTC
PRO COMFORT PEN NEEDLES/32G X 5MM MISC	1	QL(5 ea daily); RX/OTC
PRO COMFORT PEN NEEDLES/32G X 6MM MISC	1	QL(5 ea daily)
PRODIGY INSULIN SYRING/U-100/0.3ML/31G X 5/16" MISC	1	QL(5 ea daily)
PRODIGY INSULIN SYRINGE/1/2ML/31G X 5/16" MISC	1	QL(5 ea daily)
PRODIGY INSULIN SYRINGE/1ML/28G X 1/2" MISC	1	QL(5 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
PX EXTRA SHORT PEN NEEDLES 31GX6MM MISC	1	QL(5 ea daily); RX/OTC
PX INSULIN SYRINGE/U-100/0.3ML/30G X 1/2" MISC	1	QL(5 ea daily)
PX INSULIN SYRINGE/U-100/0.3ML/31G X 5/16" MISC	1	QL(5 ea daily)
PX INSULIN SYRINGE/U-100/0.5ML/30G X 1/2" MISC	1	QL(5 ea daily)
PX INSULIN SYRINGE/U-100/0.5ML/31G X 5/16" MISC	1	QL(5 ea daily)
PX INSULIN SYRINGE/U-100/1ML/30G X 1/2" MISC	1	QL(5 ea daily)
PX INSULIN SYRINGE/U-100/1ML/31G X 5/16" MISC	1	QL(5 ea daily)
PX MINI PEN NEEDLES 31GX5MM MISC	1	QL(5 ea daily); RX/OTC
PX PEN NEEDLE 29GX12MM MISC	1	QL(5 ea daily); RX/OTC
PX PEN NEEDLE 31GX8MM MISC	1	QL(5 ea daily); RX/OTC
PX SHORTLENGTH PEN NEEDLES/31GX8MM MISC	1	QL(5 ea daily); RX/OTC
QC PEN NEEDLES 29G X 12MM MISC	1	QL(5 ea daily); RX/OTC
QC PEN NEEDLES 31G X 6MM MISC	1	QL(5 ea daily); RX/OTC
QC PEN NEEDLES 31G X 8MM MISC	1	QL(5 ea daily); RX/OTC
QC UNIFINE PENTIPS 32GX4MM MISC	1	QL(5 ea daily); RX/OTC
RA INSULIN SYRINGE/0.5ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
RA INSULIN SYRINGE/1ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
RA INSULIN SYRINGE/U-100/0.5ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
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
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

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Drug Name	Drug Tier	Requirements/Limits
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); RX/OTC
RELION PEN NEEDLES 29GX12MM MISC	1	QL(5 ea daily); RX/OTC
RELION PEN NEEDLES 31GX6MM MISC	1	QL(5 ea daily); RX/OTC
RELION PEN NEEDLES 31GX8MM MISC	1	QL(5 ea daily); RX/OTC
RELION PEN NEEDLES 32GX4MM MISC	1	QL(5 ea daily); RX/OTC
RELION SHORT PEN 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
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

Drug Name	Drug Tier	Requirements/Limits
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
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

Drug Name	Drug Tier	Requirements/ Limits
SHOPKO UNIFINE PENTIPS PEN NEEDLES/SHORT/31GX8 MM MISC	1	QL(5 ea daily); RX/OTC
SHOPKO UNIFINE PENTIPS PLUS PEN NEEDLES/MICRO/REMOV R/32GX4MM MISC	1	QL(5 ea daily); RX/OTC
SHOPKO UNIFINE PENTIPS PLUS PEN NEEDLES/MINI/REMOVE R/31GX5MM MISC	1	QL(5 ea daily); RX/OTC
SHOPKO UNIFINE PENTIPS PLUS PEN NEEDLES/REMOVER/29G X12MM MISC	1	QL(5 ea daily); RX/OTC
SHOPKO UNIFINE PENTIPS PLUS PEN NEEDLES/SHORT/REMO VR/31GX8MM MISC	1	QL(5 ea daily); RX/OTC
SM INSULIN SYRINGE/1ML/31G X 5/16" MISC	1	QL(5 ea daily)
SURE COMFORT INSULIN SYRINGE/U-100/0.3ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
SURE COMFORT INSULIN SYRINGE/U-100/0.3ML/30G X 1/2" MISC	1	QL(5 ea daily)
SURE COMFORT INSULIN SYRINGE/U-100/0.3ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
SURE COMFORT INSULIN SYRINGE/U-100/0.3ML/31G X 5/16 MISC	1	QL(5 ea daily)
SURE COMFORT INSULIN SYRINGE/U-100/0.3ML/31G X 5/16" MISC	1	QL(5 ea daily)
SURE COMFORT INSULIN SYRINGE/U-100/0.5ML/28G X 1/2" MISC	1	QL(5 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
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)
SURE COMFORT PEN NEEDLES30GX5/16" SHORT MISC	1	QL(5 ea daily)
SURE COMFORT PEN NEEDLES31GX3/16" (5MM) MISC	1	QL(5 ea daily); RX/OTC
SURE COMFORT PEN NEEDLES31GX5/16" (8MM) MISC	1	QL(5 ea daily); RX/OTC
SURE COMFORT PEN NEEDLES32GX5/32" MISC	1	QL(5 ea daily); RX/OTC

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

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

Drug Name	Drug Tier	Requirements/ Limits
TECHLITE INSULIN SYRINGEU-100/1ML/31G X 5/16" MISC	1	QL(5 ea daily)
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); RX/OTC
TECHLITE PEN NEEDLES/31GX 8MM MISC	1	QL(5 ea daily); RX/OTC
TECHLITE PEN NEEDLES/32GX 4MM MISC	1	QL(5 ea daily); RX/OTC
TECHLITE PEN NEEDLES/32GX 6MM MISC	1	QL(5 ea daily)
TODAYS HEALTH MINI PEN NEEDLES 31G X 1/4" MISC	1	QL(5 ea daily); RX/OTC
TODAYS HEALTH ORIGINAL PEN NEEDLES 29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
TODAYS HEALTH SHORT PEN NEEDLES 31G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
TOPCARE CLICKFINE UNIVERSAL PEN EEDLES 31GX1/4" MISC	1	QL(5 ea daily); RX/OTC
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)

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

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Drug Name	Drug Tier	Requirements/ Limits
TRUE COMFORT INSULIN SYRINGE/0.5ML/31G X 5/16" MISC	1	QL(5 ea daily)
TRUE COMFORT INSULIN SYRINGE/1ML/31G X 5/16" MISC	1	QL(5 ea daily)
TRUE COMFORT PEN NEEDLES31G X 5MM MISC	1	QL(5 ea daily); RX/OTC
TRUE COMFORT PEN NEEDLES31G X 6MM MISC	1	QL(5 ea daily); RX/OTC
TRUE COMFORT PEN NEEDLES32G X 4MM MISC	1	QL(5 ea daily); RX/OTC
TRUEPLUS 5-BEVEL PEN NEEDLES 31GX5MM MISC	1	QL(5 ea daily); RX/OTC
TRUEPLUS 5-BEVEL PEN NEEDLES 31GX6MM MISC	1	QL(5 ea daily); RX/OTC
TRUEPLUS 5-BEVEL PEN NEEDLES 31GX8MM MISC	1	QL(5 ea daily); RX/OTC
TRUEPLUS 5-BEVEL PEN NEEDLES 32GX4MM MISC	1	QL(5 ea daily); RX/OTC
TRUEPLUS INSULIN SYRINGE/U-100/0.3ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
TRUEPLUS INSULIN SYRINGE/U-100/0.3ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
TRUEPLUS INSULIN SYRINGE/U-100/0.3ML/31G X 5/16" MISC	1	QL(5 ea daily)
TRUEPLUS INSULIN SYRINGE/U-100/0.5ML/28G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
TRUEPLUS INSULIN SYRINGE/U-100/0.5ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC

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

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

Drug Name	Drug Tier	Requirements/ Limits
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)
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)

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Drug Name	Drug Tier	Requirements/Limits
ULTICARE INSULIN SYRINGE/ULTRAFINE U-100/0.5ML/31G X 5/16" MISC	1	QL(5 ea daily)
ULTICARE INSULIN SYRINGE/ULTRAFINE U-100/1ML/31G X 5/16" MISC	1	QL(5 ea daily)
ULTICARE MICRO PEN NEEDLES 31G X 8MM MISC	1	QL(5 ea daily); RX/OTC
ULTICARE MICRO PEN NEEDLES 32G X 4MM MISC	1	QL(5 ea daily); RX/OTC
ULTICARE MICRO PEN NEEDLES/31G X 1/4" MISC	1	QL(5 ea daily); RX/OTC
ULTICARE MICRO PEN NEEDLES/31G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
ULTICARE MICRO PEN NEEDLES/32G X 4MM MISC	1	QL(5 ea daily); RX/OTC
ULTICARE MICRO PEN NEEDLES/32G X 5/32" MISC	1	QL(5 ea daily); RX/OTC
ULTICARE MINI PEN NEEDLES 31GX6MM MISC	1	QL(5 ea daily); RX/OTC
ULTICARE MINI PEN NEEDLES ULTI-FINE IV MISC	1	QL(5 ea daily); RX/OTC
ULTICARE MINI PEN NEEDLES/31G X 6MM MISC	1	QL(5 ea daily); RX/OTC
ULTICARE MINI PEN NEEDLES/31GX6MM MISC	1	QL(5 ea daily); RX/OTC
ULTICARE ORIGINAL PEN NEEDLES ULTI-FINE MISC	1	QL(5 ea daily); RX/OTC
ULTICARE PEN NEEDLES 31GX 5MM/MINI MISC	1	QL(5 ea daily); RX/OTC
ULTICARE PEN NEEDLES/29GX 12.7MM MISC	1	QL(5 ea daily)
ULTICARE SHORT PEN NEEDLES 31GX8MM MISC	1	QL(5 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/Limits
ULTICARE SHORT PEN NEEDLES ULTI-FINE IV MISC	1	QL(5 ea daily); RX/OTC
ULTICARE SHORT PEN NEEDLES/31G X 8MM MISC	1	QL(5 ea daily); RX/OTC
ULTILET INSULIN SYRINGE/0.3ML/30G X 8MM MISC	1	QL(5 ea daily); RX/OTC
ULTILET INSULIN SYRINGE/0.3ML/31G X 8MM MISC	1	QL(5 ea daily)
ULTILET INSULIN SYRINGE/0.5ML/30G X 8MM MISC	1	QL(5 ea daily); RX/OTC
ULTILET INSULIN SYRINGE/1ML/30G X 8MM MISC	1	QL(5 ea daily); RX/OTC
ULTILET INSULIN SYRINGE/1ML/31G X 8MM MISC	1	QL(5 ea daily)
ULTILET INSULIN SYRINGE/SHORT/0.3ML/30G X 12.7MM MISC	1	QL(5 ea daily)
ULTILET INSULIN SYRINGE/SHORT/0.3ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
ULTILET INSULIN SYRINGE/SHORT/0.3ML/31G X 5/16" MISC	1	QL(5 ea daily)
ULTILET INSULIN SYRINGE/SHORT/0.5ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
ULTILET INSULIN SYRINGE/SHORT/0.5ML/31G X 5/16" MISC	1	QL(5 ea daily)
ULTILET INSULIN SYRINGE/SHORT/1ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
ULTILET INSULIN SYRINGE/SHORT/1ML/31G X 5/16" MISC	1	QL(5 ea daily)
ULTILET INSULIN SYRINGE/U-100/0.5ML/30G X 1/2" MISC	1	QL(5 ea daily)

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Drug Name	Drug Tier	Requirements/ Limits
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
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

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

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Drug Name	Drug Tier	Requirements/ Limits
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); RX/OTC
UNIFINE PENTIPS 31GX8MM MISC	1	QL(5 ea daily); RX/OTC
UNIFINE PENTIPS 32GX4MM MISC	1	QL(5 ea daily); RX/OTC
UNIFINE PENTIPS 32GX6MM MISC	1	QL(5 ea daily)
UNIFINE PENTIPS PLUS 29GX12MM MISC	1	QL(5 ea daily); RX/OTC
UNIFINE PENTIPS PLUS 31GX5MM MISC	1	QL(5 ea daily); RX/OTC
UNIFINE PENTIPS PLUS 31GX6MM MISC	1	QL(5 ea daily); RX/OTC
UNIFINE PENTIPS PLUS 31GX8MM MISC	1	QL(5 ea daily); RX/OTC
UNIFINE PENTIPS PLUS 32GX4MM MISC	1	QL(5 ea daily); RX/OTC
V-R MONOJECT INSULIN SYRINGE/U-100/0.3ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
V-R MONOJECT INSULIN SYRINGE/U-100/0.5ML/28G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
V-R MONOJECT INSULIN SYRINGE/U-100/0.5ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
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); RX/OTC
VALUMARK PEN NEEDLES 31GX 8MM MISC	1	QL(5 ea daily); RX/OTC
VANISHPOINT INSULIN SYRINGE/0.5ML/30G X 1/2" MISC	1	QL(5 ea daily)
VANISHPOINT INSULIN SYRINGE/0.5ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
VANISHPOINT INSULIN SYRINGE/1ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
VANISHPOINT INSULIN SYRINGE/1ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
VIDA MIA UNIFINE PENTIPS32GX4MM MISC	1	QL(5 ea daily); RX/OTC
VIDA MIA UNIFINE PENTIPSMINI 31GX6MM MISC	1	QL(5 ea daily); RX/OTC
VIDA MIA UNIFINE PENTIPSORIGINAL 29GX12MM MISC	1	QL(5 ea daily); RX/OTC
VIDA MIA UNIFINE 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

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Drug Name	Drug Tier	Requirements/Limits
WEGMANS UNIFINE PENTIPS PLUS 32GX4MM MISC	1	QL(5 ea daily); RX/OTC
WEGMANS UNIFINE PENTIPS PLUS/MINI/31GX5MM MISC	1	QL(5 ea daily); RX/OTC
WEGMANS UNIFINE PENTIPS PLUS/SHORT/31GX8MM MISC	1	QL(5 ea daily); RX/OTC
WEGMANS UNIFINE PENTIPS PLUS/ULTRA SHORT/31GX6MM MISC	1	QL(5 ea daily); RX/OTC
MIGRAINE PRODUCTS - Drugs to Treat Migraine Headaches		
Migraine Combinations		
CAFERGOT TABS (<i>Use Ergotamine w/ Caffeine</i>)	NF	
<i>ergotamine w/ caffeine tabs</i>	1	
Migraine Products		
D.H.E. 45 SOLN (<i>Use Dihydroergotamine Mesylate</i>)	NF	
<i>dihydroergotamine mesylate soln</i>	1	
ERGOMAR SUBL	3	QL(0.667 ea 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)

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

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Drug Name	Drug Tier	Requirements/ Limits
<i>naratriptan hcl tabs</i>	1	QL(0.3 ea daily); AL(At least 18 yrs old)
RELPAK TABS (<i>Use Eletriptan Hydrobromide</i>)	NF	ST; QL(0.2 ea daily); AL(At least 18 yrs old)
<i>rizatriptan benzoate tabs 10 mg</i>	1	QL(0.6 ea daily); AL(At least 6 yrs old)
<i>rizatriptan benzoate tabs 5 mg</i>	1	QL(0.4 ea daily); AL(At least 6 yrs old)
<i>rizatriptan benzoate tbdp 10 mg</i>	1	QL(0.6 ea daily); AL(At least 6 yrs old)
<i>rizatriptan benzoate tbdp 5 mg</i>	1	QL(0.4 ea daily); AL(At least 6 yrs old)
<i>sumatriptan soln</i>	1	QL(0.2 ea daily); AL(At least 18 yrs old)
<i>sumatriptan succinate soaj sc 4 mg/0.5ml, 6 mg/0.5ml</i>	1	QL(0.134 ml daily); AL(At least 18 yrs old)
<i>sumatriptan succinate soct sc 4 mg/0.5ml, 6 mg/0.5ml</i>	1	QL(0.134 ml daily); AL(At least 18 yrs old)
<i>sumatriptan succinate soln sc 6 mg/0.5ml</i>	1	QL(0.134 ml daily); AL(At least 18 yrs old)
SUMATRIPTAN SUCCINATE SOSY SC 6 MG/0.5ML	1	QL(0.134 ml daily); AL(At least 18 yrs old)
<i>sumatriptan succinate tabs or 25 mg, 50 mg, 100 mg</i>	1	QL(0.3 ea daily); AL(At least 18 yrs old)
<i>zolmitriptan tabs</i>	1	ST; QL(0.3 ea daily); AL(At least 12 yrs old)

Drug Name	Drug Tier	Requirements/ Limits
<i>zolmitriptan tbdp</i>	1	ST; QL(0.3 ea daily); AL(At least 12 yrs old)
ZOMIG SOLN NA 5 MG, 2.5 MG	2	ST; QL(0.2 ea daily); AL(At least 12 yrs old)
ZOMIG TABS OR 5 MG, 2.5 MG (<i>Use Zolmitriptan</i>)	NF	ST; QL(0.3 ea daily); AL(At least 12 yrs old)
ZOMIG ZMT TBDP (<i>Use Zolmitriptan</i>)	NF	ST; QL(0.3 ea daily); AL(At least 12 yrs old)
MINERALS & ELECTROLYTES		
Bicarbonates		
<i>sodium acetate soln 4 meq/ml</i>	1	
Calcium		
<i>calcium chloride (dihydrate) soln</i>	1	
<i>calcium gluconate soln 10 %</i>	1	
Electrolyte Mixtures		
<i>dextrose in lactated ringers soln</i>	1	
IONOSOL-B/DEXTROSE 5% SOLN	1	
IONOSOL-MB/DEXTROSE 5% SOLN	1	
ISOLYTE-P/DEXTROSE 5% SOLN	1	
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	

Drug Name	Drug Tier	Requirements/Limits
PLASMA-LYTE A SOLN	1	
PLASMA-LYTE-148 SOLN	1	
PLASMA-LYTE-56/D5W SOLN	1	
<i>potassium chloride in dextrose & sodium chloride soln</i>	1	
<i>potassium chloride in dextrose soln</i>	1	
<i>potassium chloride in nacl soln</i>	1	
POTASSIUM CHLORIDE/DEXTROSE SOLN 40MEQ/L-5%	1	
POTASSIUM CHLORIDE/DEXTROSE/LACTATED RINGERS SOLN 28MEQ/L-24MEQ/L-130MEQ/L-149MEQ/L-3MEQ/L-5%	1	
<i>ringer's soln</i>	1	
Magnesium		
<i>magnesium sulfate soln ij 50 %</i>	1	
<i>magnesium sulfate soln iv 2 gm/50ml, 4 gm/50ml, 4 gm/100ml, 20 gm/500ml, 40 gm/1000ml</i>	1	
MAGNESIUM SULFATE SOLN IV 2 GM/50ML, 4 GM/50ML, 4 GM/100ML, 20 GM/500ML, 40 GM/1000ML (<i>Use Magnesium Sulfate</i>)	1	
Phosphate		
POTASSIUM PHOSPHATES SOLN	1	
<i>potassium phosphates soln</i>	1	
Potassium		
K-TAB TBCR 10 MEQ (<i>Use Potassium Chloride</i>)	NF	
K-TAB TBCR 8 MEQ	1	

Drug Name	Drug Tier	Requirements/Limits
KLOR-CON M15 TBCR	1	
MICRO-K CPCR (<i>Use Potassium Chloride</i>)	NF	
<i>potassium acetate soln</i>	1	
<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	PA
<i>potassium chloride soln iv 0.4 meq/ml, 2 meq/ml, 20 meq/50ml, 10 meq/100ml</i>	1	
POTASSIUM CHLORIDE SOLN IV 10 MEQ/50ML	1	
<i>potassium chloride soln or 10 %</i>	1	
<i>potassium chloride tbc or 8 meq, 10 meq</i>	1	
Sodium		
<i>sodium chloride soln ij 2.5 meq/ml</i>	1	
<i>sodium chloride soln iv 0.45 %, 0.9 %, 3 %, 5 %, 4 meq/ml</i>	1	
MISCELLANEOUS THERAPEUTIC CLASSES		
Chelating Agents		
CUPRIMINE CAPS	3	PA
DEPEN TITRATABS TABS	3	QL(8 ea daily)
SYPRINE CAPS (<i>Use Trientine HCl</i>)	NF	PA; QL(8 ea daily); SP
<i>trientine hcl caps</i>	4	PA; QL(8 ea daily); SP
Immunomodulators		

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Drug Name	Drug Tier	Requirements/ Limits
REVLIMID CAPS 20 MG	4	
REVLIMID CAPS 5 MG, 10 MG, 15 MG, 25 MG, 2.5 MG	4	PA; QL(1 ea daily); SP
THALOMID CAPS	4	PA; QL(3 ea daily); SP
Immunosuppressive Agents		
ATGAM INJ	4	PA; SP
AZASAN TABS	3	
AZATHIOPRINE SOLR IJ 100 MG	1	
<i>azathioprine tabs or 50 mg</i>	1	
CELLCEPT CAPS 250 MG (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	
<i>cyclosporine modified (for microemulsion) caps</i>	1	
<i>cyclosporine modified (for microemulsion) soln</i>	1	
CYCLOSPORINE MODIFIED CAPS	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	

Drug Name	Drug Tier	Requirements/ Limits
<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; SP
PROGRAF CAPS OR 0.5 MG, 1 MG, 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	
SIMULECT SOLR	3	
<i>sirolimus tabs</i>	1	
<i>tacrolimus caps</i>	1	
THYMOGLOBULIN SOLR	4	PA; SP
ZORTRESS TABS 0.25 MG, 0.75 MG, 0.5 MG	4	PA; QL(20 ea daily); SP
Irrigation Solutions		
<i>irrigation solutions, physiological soln</i>	1	
<i>lactated ringer's (irrigation) soln</i>	1	
<i>ringer's irrigation soln</i>	1	
<i>water for irrigation, sterile soln</i>	1	

Drug Name	Drug Tier	Requirements/Limits
Potassium Removing Agents		
KAYEXALATE POWD (Use Sodium Polystyrene Sulfonate)	NF	
sodium polystyrene sulfonate powd or	1	
sodium polystyrene sulfonate susp or 15 gm/60ml	1	
MOUTH/THROAT/DENTAL AGENTS		
Anesthetics Topical Oral		
lidocaine hcl (mouth-throat) soln	1	QL(4 ml daily)
LIDOCAINE HCL SOLN MT 4 %	1	
Anti-infectives - Throat		
clotrimazole lozg	1	
clotrimazole troc	1	
nystatin (mouth-throat) susp	1	
Antiseptics - Mouth/Throat		
chlorhexidine gluconate (mouth-throat) soln	1	
DEBACTEROL SOLN	2	
PERIDEX SOLN (Use Chlorhexidine Gluconate (Mouth-Throat))	NF	
Dental Products		
GEL-KAM ORAL CARE RINSE CONC (Use Stannous Fluoride)	0	RX/OTC
stannous fluoride conc	0	RX/OTC
Steroids - Mouth/Throat		
triamcinolone acetonide (mouth) pste	1	
Throat Products - Misc.		
cevimeline hcl caps	1	
EVOXAC CAPS (Use Cevimeline HCl)	NF	

Drug Name	Drug Tier	Requirements/Limits
<i>pilocarpine hcl (oral) tabs</i>	1	
SALAGEN TABS (Use Pilocarpine HCl (Oral))	NF	
MUSCULOSKELETAL THERAPY AGENTS - Drugs to Treat Spasms		
Central Muscle Relaxants		
baclofen tabs or 10 mg, 20 mg	1	
carisoprodol tabs	1	
CHLORZOXAZONE TABS 500 MG	1	QL(6 ea daily)
cyclobenzaprine hcl tabs	1	QL(3 ea daily)
FEXMID TABS (Use Cyclobenzaprine HCl)	NF	QL(3 ea daily)
metaxalone tabs 800 mg	1	QL(4 ea daily)
methocarbamol tabs or 500 mg, 750 mg	1	
orphenadrine citrate tb12 or 100 mg	1	QL(2 ea daily)
PARAFON FORTE DSC TABS (Use Chlorzoxazone)	NF	QL(6 ea daily)
ROBAXIN TABS OR 500 MG (Use Methocarbamol)	NF	
ROBAXIN-750 TABS (Use Methocarbamol)	NF	
SKELAXIN TABS (Use Metaxalone)	NF	QL(4 ea daily)
SOMA TABS (Use Carisoprodol)	NF	
tizanidine hcl caps	1	
tizanidine hcl tabs	1	
ZANAFLEX CAPS (Use Tizanidine HCl)	NF	
ZANAFLEX TABS (Use Tizanidine HCl)	NF	
Direct Muscle Relaxants		
DANTRIUM CAPS (Use Dantrolene Sodium)	NF	QL(4 ea daily)
dantrolene sodium caps or 25 mg, 50 mg, 100 mg	1	QL(4 ea daily)

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Drug Name	Drug Tier	Requirements/Limits
NASAL AGENTS - SYSTEMIC AND TOPICAL - Drugs to treat the Nose or Sinus		
Nasal Antiallergy		
ASTEPRO SOLN (Use Azelastine HCl)	NF	
<i>azelastine hcl soln</i>	1	
<i>olopatadine hcl (nasal) soln</i>	1	
PATANASE SOLN (Use Olopatadine HCl (Nasal))	NF	
Nasal Anticholinergics		
<i>ipratropium bromide (nasal) soln 0.03 %</i>	1	QL(1 ml daily)
<i>ipratropium bromide (nasal) soln 0.06 %</i>	1	
Nasal Steroids		
<i>budesonide (nasal) susp</i>	1	RX/OTC
FLONASE ALLERGY RELIEF CHILDRENS SUSP (Use Fluticasone Propionate (Nasal))	NF	Limit 2 inhalers per month;QL(32 ml per 30 days retail); RX/OTC
FLONASE ALLERGY RELIEF SUSP (Use Fluticasone Propionate (Nasal))	NF	Limit 2 inhalers per month;QL(32 ml per 30 days retail); RX/OTC
FLUNISOLIDE SOLN	1	
<i>fluticasone propionate (nasal) susp</i>	1	Limit 2 inhalers per month;QL(32 ml per 30 days retail); RX/OTC
<i>mometasone furoate (nasal) susp</i>	1	PA; QL(1.14 gm daily)
NASACORT ALLERGY 24HR AERO (Use Triamcinolone Acetonide (Nasal))	NF	RX/OTC
NASACORT ALLERGY 24HR CHILDRENS AERO (Use Triamcinolone Acetonide (Nasal))	NF	RX/OTC

Drug Name	Drug Tier	Requirements/Limits
NASONEX SUSP (Use Mometasone Furoate (Nasal))	NF	PA; QL(1.14 gm daily)
RHINOCORT AQUA SUSP (Use Budesonide (Nasal))	NF	RX/OTC
<i>triamcinolone acetanide (nasal) aero</i>	1	RX/OTC
Sympathomimetic Decongestants		
TYZINE PEDIATRIC NASAL DROPS SOLN	3	
NEUROMUSCULAR AGENTS - Drugs to Relax/Paralyze Muscles		
ALS Agents		
RILUTEK TABS (Use Riluzole)	NF	
<i>riluzole tabs</i>	3	
Neuromuscular Blocking Agent - Neurotoxins		
BOTOX SOLR	3	PA
DYSPORE SOLR	3	PA
XEOMIN SOLR 50 UNIT	3	PA
NUTRIENTS		
Proteins		
CLINIMIX 2.75%/DEXTROSE 5% SOLN	3	
CLINIMIX 4.25%/DEXTROSE 10% SOLN	3	
CLINIMIX 4.25%/DEXTROSE 25% SOLN	3	
CLINIMIX 4.25%/DEXTROSE 5% SOLN	3	
CLINIMIX 5%/DEXTROSE 25% SOLN	3	
CLINIMIX E 5%/DEXTROSE 20% SOLN	3	
OPHTHALMIC AGENTS - Drugs to Treat the Eye		

Drug Name	Drug Tier	Requirements/ Limits
Artificial Tears and Lubricants		
LACRISERT INST	3	
Beta-blockers - Ophthalmic		
BETAGAN SOLN (Use Levobunolol HCl)	NF	
<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 2%-0.5%, 22.3mg/ml-6.8mg/ml</i>	1	
DORZOLAMIDE HCL/TIMOLOL MALEATE SOLN	2	
<i>levobunolol hcl soln</i>	1	
METIPRANOLOL SOLN	1	
<i>timolol maleate (ophth) solg 0.25 %, 0.5 %</i>	1	
<i>timolol maleate (ophth) soln 0.25 %, 0.5 %</i>	1	
TIMOPTIC SOLN (Use Timolol Maleate (Ophth))	NF	
TIMOPTIC-XE SOLG 0.25 % (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	

Drug Name	Drug Tier	Requirements/ Limits
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	
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	

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Drug Name	Drug Tier	Requirements/ Limits
OCUFLOX SOLN (<i>Use Ofloxacin (Ophth)</i>)	NF	
<i>ofloxacin (ophth) soln</i>	1	
<i>polymyxin b-trimethoprim soln</i>	1	
POLYTRIM SOLN (<i>Use Polymyxin B-Trimethoprim</i>)	NF	
<i>sulfacetamide sodium (ophth) soln</i>	1	
<i>tobramycin (ophth) soln</i>	1	
TOBREX SOLN (<i>Use Tobramycin (Ophth)</i>)	NF	
<i>trifluridine soln</i>	1	
VIGAMOX SOLN (<i>Use Moxifloxacin HCl (Ophth)</i>)	NF	
VIROPTIC SOLN (<i>Use Trifluridine</i>)	NF	
ZIRGAN GEL	2	
ZYMAXID SOLN (<i>Use Gatifloxacin (Ophth)</i>)	NF	
Ophthalmic Immunomodulators		
RESTASIS EMUL	2	PA
RESTASIS MULTIDOSE EMUL	2	PA
Ophthalmic Local Anesthetics		
ALCAINE SOLN (<i>Use Proparacaine HCl</i>)	NF	
<i>proparacaine hcl soln</i>	1	
Ophthalmic 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	

Drug Name	Drug Tier	Requirements/ Limits
FML LIQUIFILM SUSP (<i>Use Fluorometholone (Ophth)</i>)	NF	
FML OINT	3	
LOTEMAX GEL	2	
LOTEMAX OINT	2	
LOTEMAX SUSP	2	
MAXIDEX SUSP	3	
MAXITROL OINT (<i>Use Neomycin-Polymy-Dexameth</i>)	NF	
MAXITROL SUSP (<i>Use Neomycin-Polymy-Dexameth</i>)	NF	
<i>neomycin-polymy-dexameth oint</i>	1	
<i>neomycin-polymy-dexameth susp</i>	1	
NEOMYCIN/POLYMYXIN/HYDROCORTISONE SUSP	1	
OMNIPRED SUSP (<i>Use Prednisolone Acetate (Ophth)</i>)	NF	
PRED FORTE SUSP (<i>Use Prednisolone Acetate (Ophth)</i>)	NF	
PRED MILD SUSP	3	
<i>prednisolone acetate (ophth) susp</i>	1	
PREDNISOLONE SODIUM PHOSPHATE SOLN OP 1 %	3	
TOBRADEX OINT	3	
TOBRADEX SUSP (<i>Use Tobramycin-Dexamethasone</i>)	NF	
<i>tobramycin-dexamethasone susp</i>	1	
Ophthalmics - Misc.		

Drug Name	Drug Tier	Requirements/Limits
ACULAR LS SOLN (<i>Use Ketorolac Tromethamine (Ophth)</i>)	NF	
ACULAR SOLN (<i>Use Ketorolac Tromethamine (Ophth)</i>)	NF	
ALOCRIAL SOLN	3	
ALOMIDE SOLN	3	
<i>azelastine hcl (ophth) soln</i>	1	
AZOPT SUSP	2	
BEPREVE SOLN	3	
<i>bromfenac sodium (ophth) soln</i>	1	
BROMFENAC SOLN	1	
<i>cromolyn sodium (ophth) soln</i>	1	
CYSTARAN SOLN	2	PA
<i>diclofenac sodium (ophth) soln</i>	1	
<i>dorzolamide hcl soln</i>	1	
DORZOLAMIDE HCL SOLN	2	
ELESTAT SOLN (<i>Use Epinastine HCl (Ophth)</i>)	NF	
EMADINE SOLN	3	
<i>epinastine hcl (ophth) soln</i>	1	
<i>flurbiprofen sodium soln</i>	1	
ILEVRO SUSP	3	ST; QL(0.2 ml daily)
<i>ketorolac tromethamine (ophth) soln</i>	1	
<i>ketotifen fumarate (ophth) soln</i>	1	
LASTACAFT SOLN	2	
NEVANAC SUSP	3	ST; QL(0.2 ml daily)

Drug Name	Drug Tier	Requirements/Limits
OCUFEN SOLN (<i>Use Flurbiprofen Sodium</i>)	NF	
<i>olopatadine hcl soln</i>	1	
PATADAY SOLN (<i>Use Olopatadine HCl</i>)	NF	
PATANOL SOLN (<i>Use Olopatadine HCl</i>)	NF	
TRUSOPT SOLN (<i>Use Dorzolamide HCl</i>)	NF	
ZADITOR SOLN (<i>Use Ketotifen Fumarate (Ophth)</i>)	1	
Prostaglandins - Ophthalmic		
<i>bimatoprost soln</i>	3	
<i>latanoprost soln</i>	1	
LUMIGAN SOLN	3	ST
RESCULA SOLN	3	PA
TRAVATAN Z SOLN	2	
XALATAN SOLN (<i>Use Latanoprost</i>)	NF	
ZIOPTAN SOLN	2	
OTIC AGENTS - Drugs to Treat the Ear		
Otic Agents - Miscellaneous		
<i>acetic acid (otic) soln</i>	1	
Otic Anti-infectives		
CETRAXAL SOLN	1	
CIPROFLOXACIN SOLN OT 0.2 %	1	
FLOXIN OTIC SOLN (<i>Use Ofloxacin (Otic)</i>)	NF	
<i>ofloxacin (otic) soln</i>	1	
Otic Combinations		
CIPRO HC SUSP	3	
CIPRODEX SUSP	2	PA

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Drug Name	Drug Tier	Requirements/ Limits
COLY-MYCIN S SUSP	3	
<i>neomycin-polymyxin-hc (otic) soln</i>	1	
<i>neomycin-polymyxin-hc (otic) susp</i>	1	
OTOVEL SOLN	3	PA; QL(0.5 ea daily)
Otic Steroids		
DERMOTIC OIL (<i>Use Fluocinolone Acetonide (Otic)</i>)	NF	
<i>fluocinolone acetonide (otic) oil</i>	1	
<i>hydrocortisone w/acetic acid soln</i>	1	
PASSIVE IMMUNIZING AND TREATMENT AGENTS - Antibody Drugs to Treat Low Immune System		
Immune Serums		
CUVITRU SOLN 1 GM/5ML, 2 GM/10ML, 4 GM/20ML	4	PA; SP
GAMMAGARD LIQUID SOLN 1 GM/10ML	4	PA; SP
GAMMAGARD S/D IGA LESS THAN 1MCG/ML SOLR	4	PA; SP
GAMMAKED SOLN 1 GM/10ML	4	PA; SP
GAMUNEX-C SOLN 1 GM/10ML	4	PA; SP
HIZENTRA SOLN	4	PA; SP
Passive Immunizing Agents - Combinations		
HYQVIA KIT	4	PA
PENICILLINS - Drugs to Treat Bacterial Infections		
Aminopenicillins		
<i>amoxicillin caps 250 mg, 500 mg</i>	1	
AMOXICILLIN CHEW 125 MG, 250 MG	1	

Drug Name	Drug Tier	Requirements/ Limits
<i>amoxicillin susr 125 mg/5ml, 200 mg/5ml, 250 mg/5ml, 400 mg/5ml</i>	1	
<i>amoxicillin tabs 500 mg, 875 mg</i>	1	
<i>ampicillin caps 250 mg, 500 mg</i>	1	
AMPICILLIN CAPS 500 MG	1	
<i>ampicillin sodium solr ij 1 gm</i>	1	
<i>ampicillin sodium solr iv 10 gm</i>	1	
AMPICILLIN SUSR 125 MG/5ML, 250 MG/5ML	1	
Natural Penicillins		
PENICILLIN G POTASSIUM IN ISO-OSMOTIC DEXTROSE SOLN 40000UNIT/ML, 60000UNIT/ML	1	
<i>penicillin g potassium solr 5000000 unit</i>	1	
PENICILLIN G PROCAINE SUSP	3	
PENICILLIN G SODIUM SOLR	3	
<i>penicillin v potassium solr 125 mg/5ml, 250 mg/5ml</i>	1	
PENICILLIN V POTASSIUM SOLR 250 MG/5ML	1	
<i>penicillin v potassium tabs 250 mg, 500 mg</i>	1	
PFIZERPEN SOLR 5000000 UNIT (<i>Use Penicillin G Potassium</i>)	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	

Drug Name	Drug Tier	Requirements/Limits
<i>ampicillin & sulbactam sodium solr ij 0.5gm-1gm, 1gm-2gm</i>	1	
<i>ampicillin & sulbactam sodium solr iv 5gm-10gm</i>	1	
AUGMENTIN ES-600 SUSR (Use Amoxicillin & Pot Clavulanate)	NF	
AUGMENTIN SUSR 250MG/5ML-62.5MG/5ML (Use Amoxicillin & Pot Clavulanate)	NF	
AUGMENTIN TABS 500MG-125MG, 875MG-125MG (Use Amoxicillin & Pot Clavulanate)	NF	
AUGMENTIN XR TB12 (Use Amoxicillin & Pot Clavulanate)	NF	
<i>piperacillin sodium-tazobactam sodium solr</i>	1	
PIPERACILLIN/TAZOBAC TAM SOLR	1	
UNASYN SOLR (Use Ampicillin & Sulbactam Sodium)	NF	
ZOSYN SOLR 0.375GM-3GM, 0.25GM-2GM, 0.5GM-4GM, 4.5GM-36GM (Use Piperacillin Sodium-Tazobactam Sodium)	NF	
Penicillinase-Resistant Penicillins		
<i>dicloxacillin sodium caps</i>	1	
<i>nafcillin sodium solr ij 1 gm</i>	1	
<i>oxacillin sodium solr 1 gm, 10 gm</i>	1	
PROGESTINS - Hormone Replacement/Modifying Drugs		
Progestins		
AYGESTIN TABS (Use Norethindrone Acetate)	0	
<i>medroxyprogesterone acetate tabs</i>	1	

Drug Name	Drug Tier	Requirements/Limits
MEGACE ES SUSP (Use Megestrol Acetate (Appetite))	NF	PA
<i>megestrol acetate (appetite) susp</i>	1	PA
<i>norethindrone acetate tabs</i>	0	
<i>progesterone micronized caps</i>	1	
PROMETRIUM CAPS (Use 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	
LUCEMYRA TABS	3	PA; QL(224 ea per 14 days retail)
Anti-Cataplectic Agents		
XYREM SOLN	4	PA; QL(18 ml daily); SP
Antidementia Agents		
ARICEPT TABS 10 MG (Use Donepezil Hydrochloride)	NF	QL(2 ea daily)
ARICEPT TABS 5 MG (Use Donepezil Hydrochloride)	NF	QL(1 ea daily)
<i>donepezil hydrochloride tabs 10 mg</i>	1	QL(2 ea daily)
<i>donepezil hydrochloride tabs 5 mg</i>	1	QL(1 ea daily)
<i>donepezil hydrochloride tbdp 10 mg</i>	1	QL(2 ea daily)
<i>donepezil hydrochloride tbdp 5 mg</i>	1	QL(1 ea daily)

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Drug Name	Drug Tier	Requirements/ Limits
EXELON CAPS OR 3 MG, 6 MG, 1.5 MG, 4.5 MG (Use Rivastigmine Tartrate)	NF	
galantamine hydrobromide cp24 8 mg, 16 mg, 24 mg	1	QL(1 ea daily)
galantamine hydrobromide tabs 4 mg, 8 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)	NF	
RAZADYNE ER CP24 (Use Galantamine Hydrobromide)	NF	QL(1 ea daily)
RAZADYNE TABS (Use Galantamine Hydrobromide)	NF	QL(2 ea daily)
rivastigmine tartrate caps	1	
Combination Psychotherapeutics		
PERPHENAZINE/AMITRIPTYLINE TABS	1	QL(4 ea daily)
Fibromyalgia Agents		
SAVELLA TABS	2	PA; QL(2 ea daily)
SAVELLA TITRATION PACK MISC	2	PA
Movement Disorder Drug Therapy		
AUSTEDO TABS	4	PA; QL(4 ea daily)
tetrabenazine tabs	4	PA; SP
XENAZINE TABS (Use Tetrabenazine)	NF	PA; SP
Multiple Sclerosis Agents		
AMPYRA TB12 (Use Dalfampridine)	4	PA; QL(2 ea daily); SP

Drug Name	Drug Tier	Requirements/ Limits
AUBAGIO TABS	3	PA
AVONEX KIT 30 MCG/VIAL	4	PA; QL(0.0714 ea daily); SP
AVONEX PEN AJKT	4	PA; QL(0.0714 ea daily); SP
AVONEX PSKT 30 MCG/0.5ML	4	PA; QL(0.0714 ml daily); SP
BETASERON KIT	4	PA; QL(0.0357 ea daily); SP
COPAXONE SOSY 20 MG/ML (Use Glatiramer Acetate)	4	PA; QL(1 ml daily); SP
COPAXONE SOSY 40 MG/ML (Use Glatiramer Acetate)	4	PA; QL(0.429 ml daily); SP
dalfampridine tb12	4	PA; QL(2 ea daily); SP
EXTAVIA KIT	4	PA; QL(0.0357 ea daily); SP
GILENYA CAPS 0.25 MG	4	PA; QL(1 ea daily)30 rti lmt day(s),30 mail lmt day(s),
GILENYA CAPS 0.5 MG	4	PA; QL(1 ea daily); SP
glatiramer acetate sosy 20 mg/ml	4	PA; QL(1 ml daily); SP
glatiramer acetate sosy 40 mg/ml	4	PA; QL(0.429 ml daily); SP
OCREVUS SOLN	4	PA
PLEGRIDY SOPN	4	PA; QL(0.0357 ml daily)
PLEGRIDY SOSY	4	PA
PLEGRIDY STARTER PACK SOPN	4	PA
PLEGRIDY STARTER PACK SOSY	4	PA; QL(0.0357 ml daily)
REBIF REBIDOSE SOAJ	4	PA; QL(0.214 ml daily); SP
REBIF REBIDOSE TITRATIONPACK SOAJ	4	PA; SP
REBIF SOSY	4	PA; QL(0.214 ml daily); SP

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Drug Name	Drug Tier	Requirements/ Limits
REBIF TITRATION PACK SOSY	4	PA; SP
TECFIDERA CPDR 120 MG	4	PA; QL(4 ea daily)
TECFIDERA CPDR 240 MG	4	PA; QL(2 ea daily)
TECFIDERA STARTER PACK MISC	4	PA
TYSABRI CONC	4	PA; QL(0.536 ml daily); SP
ZINBRYTA SOSY	4	QL(0.0357 ml daily)
Postherpetic Neuralgia (PHN)/Neuropathic Pain		
LYRICA CR TB24 165 MG, 82.5 MG	3	PA; QL(1 ea daily)
LYRICA CR TB24 330 MG	3	PA; QL(2 ea daily)
Premenstrual Dysphoric Disorder (PMDD) Agents		
FLUOXETINE CAPS 10 MG	1	QL(1 ea daily)
FLUOXETINE CAPS 20 MG	1	QL(3 ea daily)
Pseudobulbar Affect (PBA) Agents		
NUEDEXTA CAPS	3	PA
Psychotherapeutic and Neurological Agents -		
ERGOLOID MESYLATES TABS	2	
ORAP TABS (Use Pimozide)	NF	
<i>pimozide tabs</i>	1	
Restless Leg Syndrome (RLS) Agents		
HORIZANT TBCR	3	PA; QL(2 ea daily)
Smoking Deterrents		
<i>bupropion hcl (smoking deterrent) tb12</i>	0	QL(2 ea daily)
CHANTIX CONTINUING MONTHPAK TABS	0	QL(2 ea daily)
CHANTIX STARTING MONTH PAK TABS	0	
CHANTIX TABS	0	QL(2 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
NICODERM CQ PT24 (Use Nicotine)	0	QL(1 ea daily)
NICORETTE GUM (Use Nicotine Polacrilex)	0	
NICORETTE LOZG (Use Nicotine Polacrilex)	0	
NICORETTE MINI LOZG (Use Nicotine Polacrilex)	0	
NICORETTE STARTER KIT GUM (Use Nicotine Polacrilex)	0	
<i>nicotine polacrilex gum</i>	0	
<i>nicotine polacrilex lozg</i>	0	
<i>nicotine pt24</i>	0	QL(1 ea daily)
NICOTINE TRANSDERMAL SYSTEM KIT	0	
NICOTROL INHALER INHA	0	
NICOTROL NS SOLN	0	
ZYBAN TB12 (Use Bupropion HCl (Smoking Deterrent))	0	QL(2 ea daily)
RESPIRATORY AGENTS - MISC. - Drugs to Treat Lung Conditions		
Alpha-Proteinase Inhibitor (Human)		
ARALAST NP SOLR 1000 MG	4	PA; SP
PROLASTIN-C SOLR 1000 MG	4	PA; SP
ZEMAIRA SOLR	4	PA; SP
Cystic Fibrosis Agents		
KALYDECO TABS 150 MG	4	PA; QL(2 ea daily); SP
ORKAMBI PACK 100MG-125MG, 150MG-188MG	4	PA; QL(2 ea daily)
ORKAMBI TABS 100MG-125MG, 200MG-125MG	4	PA; QL(4 ea daily)
PULMOZYME SOLN	4	PA; QL(2.5 ml daily); SP
Pulmonary Fibrosis Agents		

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Drug Name	Drug Tier	Requirements/Limits
OFEV CAPS	4	PA; QL(2 ea daily)
SULFONAMIDES - Drugs to Treat Bacterial Infections		
Sulfonamides		
SULFADIAZINE TABS	1	
TETRACYCLINES - Drugs to Treat Bacterial Infections		
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)
ADOXA TABS 50 MG (Use Doxycycline Monohydrate)	NF	
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 (monohydrate) tabs 50 mg	1	
doxycycline hyclate caps or 50 mg, 100 mg	1	QL(2 ea daily)
doxycycline hyclate solr iv 100 mg	1	
doxycycline hyclate tabs or 20 mg, 100 mg	1	QL(2 ea daily)
MINOCIN CAPS OR 50 MG, 75 MG, 100 MG (Use Minocycline HCl)	NF	QL(3 ea daily)
minocycline hcl caps 50 mg, 75 mg, 100 mg	1	QL(3 ea daily)
minocycline hcl tabs 50 mg, 75 mg, 100 mg	1	QL(3 ea daily)

Drug Name	Drug Tier	Requirements/Limits
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	1	QL(8 ea daily)
TETRACYCLINE HCL CAPS 250 MG, 500 MG (Use Tetracycline HCl)	NF	QL(8 ea daily)
VIBRAMYCIN CAPS 100 MG (Use Doxycycline Hyclate)	NF	QL(2 ea daily)
THYROID AGENTS - Drugs to Regulate Thyroid Hormones		
Antithyroid Agents		
methimazole tabs	1	
propylthiouracil tabs	1	
TAPAZOLE TABS (Use Methimazole)	NF	
Thyroid Hormones		
ARMOUR THYROID TABS 15 MG, 30 MG, 60 MG, 90 MG, 120 MG (Use Thyroid)	NF	QL(1 ea daily)
ARMOUR THYROID TABS 180 MG, 240 MG, 300 MG	2	QL(1 ea daily)
CYTOMEL TABS (Use Liothyronine Sodium)	NF	
LEVOTHYROXINE SODIUM SOLR IV 100 MCG, 500 MCG	1	
levothyroxine sodium tabs or 25 mcg, 50 mcg, 75 mcg, 88 mcg, 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 300 mcg	1	
liothyronine sodium soln	1	
liothyronine sodium tabs	1	
NATURE-THROID TABS 81.25 MG, 113.75 MG	2	

Drug Name	Drug Tier	Requirements/Limits
SYNTHROID TABS (Use Levothyroxine Sodium)	2	
thyroid tabs	1	QL(1 ea daily)
THYROLAR-1 TABS	3	
THYROLAR-1/2 TABS	3	
THYROLAR-1/4 TABS	3	
THYROLAR-2 TABS	3	
THYROLAR-3 TABS	3	
TRIOSTAT SOLN (Use Liothyronine Sodium)	NF	
WP THYROID TABS 81.25 MG, 113.75 MG	2	
TOXOIDS		
Toxoid Combinations		
ADACEL SUSP	0	
BOOSTRIX SUSP	0	
ULCER DRUGS - Drugs to Treat Bowel, Intestine and Stomach Conditions		
Antispasmodics		
ATROPINE SULFATE SOLN IJ 0.4 MG/ML	1	
atropine sulfate soln ij 1 mg/ml	1	
ATROPINE SULFATE SOSY IJ 0.25 MG/5ML	1	
BENTYL CAPS OR 10 MG (Use Dicyclomine HCl)	NF	
BENTYL TABS OR 20 MG (Use Dicyclomine HCl)	NF	
chlordiazepoxide hcl-clidinium bromide caps	1	
dicyclomine hcl caps or 10 mg	1	
dicyclomine hcl soln or 10 mg/5ml	1	
dicyclomine hcl tabs or 20 mg	1	

Drug Name	Drug Tier	Requirements/Limits
glycopyrrolate soln ij 4 mg/20ml	1	
glycopyrrolate tabs or 1 mg, 2 mg	1	
LIBRAX CAPS (Use Chlordiazepoxide HCl-Clidinium Bromide)	NF	
methscopolamine bromide tabs	1	
ROBINUL FORTE TABS (Use Glycopyrrolate)	NF	
ROBINUL SOLN IJ 4 MG/20ML (Use Glycopyrrolate)	NF	
ROBINUL TABS OR 1 MG (Use Glycopyrrolate)	NF	
H-2 Antagonists		
cimetidine tabs 200 mg	1	RX/OTC
cimetidine tabs 300 mg, 400 mg, 800 mg	1	
FAMOTIDINE PREMIXED SOLN	1	
famotidine soln iv 20 mg/2ml, 40 mg/4ml, 200 mg/20ml	1	
famotidine susr or 40 mg/5ml	1	QL(10 ml daily)
famotidine tabs or 20 mg	1	RX/OTC
famotidine tabs or 40 mg	1	
nizatidine caps	1	
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	
ranitidine hcl caps or 150 mg, 300 mg	1	
ranitidine hcl soln ij 150 mg/6ml	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>ranitidine hcl syrp or 15 mg/ml, 75 mg/5ml, 150 mg/10ml</i>	1	QL(40 ml daily)
<i>ranitidine hcl tabs or 150 mg</i>	1	RX/OTC
<i>ranitidine hcl tabs or 300 mg</i>	1	
TAGAMET HB TABS (<i>Use Cimetidine</i>)	NF	RX/OTC
ZANTAC 150 MAXIMUM STRENGTH TABS (<i>Use Ranitidine HCl</i>)	NF	RX/OTC
ZANTAC SOLN IJ 25 MG/ML (<i>Use Ranitidine HCl</i>)	NF	
ZANTAC TABS OR 150 MG (<i>Use Ranitidine HCl</i>)	NF	RX/OTC
ZANTAC TABS OR 300 MG (<i>Use Ranitidine HCl</i>)	NF	
Misc. Anti-Ulcer		
CARAFATE SUSP 1 GM/10ML	2	QL(40 ml daily)
CARAFATE TABS 1 GM (<i>Use Sucralfate</i>)	NF	QL(4 ea daily)
<i>sucralfate tabs</i>	1	QL(4 ea daily)
Proton Pump Inhibitors		
ACIPHEX TBEC (<i>Use Rabeprazole Sodium</i>)	NF	QL(1 ea daily)
CVS OMEPRAZOLE TBEC	1	QL(2 ea daily)
DEXILANT CPDR	3	ST; QL(1 ea daily)
EQ OMEPRAZOLE TBEC	1	QL(2 ea daily)
EQL OMEPRAZOLE TBEC	1	QL(2 ea daily)
<i>esomeprazole magnesium cpdr</i>	3	QL(1 ea daily)
GNP OMEPRAZOLE TBEC	1	QL(2 ea daily)
HM OMEPRAZOLE TBEC	1	QL(2 ea daily)
KLS OMEPRAZOLE TBEC	1	QL(2 ea daily)

Drug Name	Drug Tier	Requirements/Limits
<i>lansoprazole cpdr 15 mg</i>	1	QL(2 ea daily); RX/OTC
<i>lansoprazole cpdr 30 mg</i>	1	
NEXIUM 24HR TBEC	1	QL(2 ea daily)
NEXIUM CPDR 40 MG (<i>Use Esomeprazole Magnesium</i>)	NF	QL(1 ea daily)
<i>omeprazole cpdr 10 mg, 40 mg</i>	1	QL(2 ea daily)
<i>omeprazole cpdr 20 mg</i>	1	QL(2 ea daily); RX/OTC
<i>omeprazole magnesium cpdr</i>	1	QL(4 ea daily)
OMEPRAZOLE TBEC 20 MG	1	QL(2 ea daily)
<i>pantoprazole sodium tbec or 20 mg</i>	1	QL(1 ea daily)
<i>pantoprazole sodium tbec or 40 mg</i>	1	
PREVACID 24HR CPDR (<i>Use Lansoprazole</i>)	1	QL(2 ea daily); RX/OTC
PREVACID CPDR 15 MG (<i>Use Lansoprazole</i>)	1	QL(2 ea daily); RX/OTC
PREVACID CPDR 30 MG (<i>Use Lansoprazole</i>)	NF	
PRILOSEC CPDR 10 MG, 40 MG (<i>Use Omeprazole</i>)	NF	QL(2 ea daily)
PRILOSEC CPDR 20 MG (<i>Use Omeprazole</i>)	NF	QL(2 ea daily); RX/OTC
PRILOSEC OTC TBEC	1	QL(4 ea daily)
PROTONIX TBEC OR 20 MG (<i>Use Pantoprazole Sodium</i>)	NF	QL(1 ea daily)
PROTONIX TBEC OR 40 MG (<i>Use Pantoprazole Sodium</i>)	NF	
PX OMEPRAZOLE TBEC	1	QL(2 ea daily)
RA OMEPRAZOLE TBEC	1	QL(2 ea daily)
<i>rabeprazole sodium tbec</i>	1	QL(1 ea daily)
SB OMEPRAZOLE TBEC	1	QL(2 ea daily)

Drug Name	Drug Tier	Requirements/Limits
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)
misoprostol tabs	1	QL(4 ea daily)
URINARY ANTI-INFECTIVES - Drugs to Treat Bladder/Kidney Infections		
Urinary Anti-infectives		
FURADANTIN SUSP (Use Nitrofurantoin)	NF	
HIPREX TABS (Use Methenamine Hippurate)	NF	
MACROBID CAPS (Use Nitrofurantoin Monohyd Macro)	NF	
MACRODANTIN CAPS 50 MG, 100 MG (Use Nitrofurantoin Macrocrystal)	NF	
methenamine hippurate tabs	1	
MONUROL PACK	3	
nitrofurantoin macrocrystal caps 50 mg, 100 mg	1	
nitrofurantoin monohyd macro caps	1	
nitrofurantoin susp	1	
URINARY ANTISPASMODICS - Drugs to Treat Miscellaneous Bladder Spasms		
Urinary Antispasmodic - Antimuscarinics		
darifenacin hydrobromide tb24	1	QL(1 ea daily)
DETROL LA CP24 (Use Tolterodine Tartrate)	NF	QL(1 ea daily)
DETROL TABS (Use Tolterodine Tartrate)	NF	
DITROPAN XL TB24 (Use Oxybutynin Chloride)	NF	

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

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Drug Name	Drug Tier	Requirements/ Limits
PNEUMOVAX 23 INJ	0	
PNEUMOVAX 23/1 DOSE INJ	0	
PREVNAR 13 SUSP	0	
Viral Vaccines		
AFLURIA 2016-2017 SUSP	0	Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply,
AFLURIA 2017-2018 SUSP	0	Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply,
AFLURIA 2018-2019 SUSP	0	Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply,
AFLURIA PF 2016-2017 SUSY	0	Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply,
AFLURIA PF 2017-2018 SUSY	0	Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply,
AFLURIA PF 2018-2019 SUSY	0	Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply,
AFLURIA QUADRIVALENT 2016-2017 SUSY	0	Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply,
AFLURIA QUADRIVALENT 2017-2018 SUSP	0	Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply,
AFLURIA QUADRIVALENT 2017-2018 SUSY	0	Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply,
AFLURIA QUADRIVALENT 2018-2019 SUSP	0	Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply,

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

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

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

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Drug Name	Drug Tier	Requirements/ Limits
FLUZONE QUADRIVALENT 2016-2017 SUSP	0	Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply,
FLUZONE QUADRIVALENT 2016-2017 SUSY	0	Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply,
FLUZONE QUADRIVALENT 2017-2018 SUSP	0	Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply,
FLUZONE QUADRIVALENT 2017-2018 SUSY	0	Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply,
FLUZONE QUADRIVALENT 2018-2019 SUSP	0	Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply,
FLUZONE QUADRIVALENT 2018-2019 SUSY	0	Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply,
SHINGRIX SUSR	0	AL(At least 50 yrs old)
ZOSTAVAX SUSR	0	AL(At least 50 yrs old)
VAGINAL PRODUCTS - Drugs to Treat Vaginal Infections and Low Hormones		
Spermicides		
SHUR-SEAL GEL	0	
TODAY SPONGE MISC	0	
Vaginal Anti-infectives		
CLEOCIN CREA VA 2 % (Use Clindamycin Phosphate Vaginal)	NF	
clindamycin phosphate vaginal crea	1	
clotrimazole vaginal crea	1	
GYNAZOLE-1 CREA	3	
GYNE-LOTRIMIN CREA (Use Clotrimazole Vaginal)	NF	

Drug Name	Drug Tier	Requirements/ Limits
METROGEL-VAGINAL GEL (Use Metronidazole Vaginal)	NF	
metronidazole vaginal gel	1	
MICONAZOLE 3 SUPP	3	
TERAZOL 3 CREA (Use Terconazole Vaginal)	NF	
TERAZOL 7 CREA (Use Terconazole Vaginal)	NF	
TERCONAZOLE CREA	1	
terconazole vaginal crea	1	
terconazole vaginal supp	1	
Vaginal Estrogens		
ESTRACE CREA (Use Estradiol Vaginal)	NF	
estradiol vaginal crea	1	
estradiol vaginal tabs	1	
FEMRING RING	3	
PREMARIN CREA	2	
VAGIFEM TABS (Use Estradiol Vaginal)	NF	
VASOPRESSORS - Drugs to Treat Heart and Circulation Conditions		
Vasopressors		
midodrine hcl tabs	1	
VITAMINS		
Oil Soluble Vitamins		
cholecalciferol caps 50000 unit	1	
cholecalciferol tabs 400 unit	0	
DRISDOL CAPS (Use Ergocalciferol)	0	
ergocalciferol caps or	0	

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

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1ST TIER UNILET COMFORTOUCH LANCETS 28G	75	ACTI-LANCE LANCETS 28G	75	ADVOCATE INSULIN SYRINGE/U- 100/0.3ML/30GX5/16"	88
1ST TIER UNILET COMFORTOUCH LANCETS 30G	75	ACTI-LANCE LITE SAFETY LANCETS 28G	75	ADVOCATE INSULIN SYRINGE/U- 100/0.3ML/31GX5/16"	88
8-MOP	57	ACTI-LANCE SPECIAL SAFETY LANCETS 17G	75	ADVOCATE INSULIN SYRINGE/U- 100/0.5ML/29GX1/2"	88
abacavir sulfate	41	ACTI-LANCE SPECIAL SAFETY LANCETS 17G	75	ADVOCATE INSULIN SYRINGE/U- 100/0.5ML/30GX5/16"	88
abacavir sulfate-lamivudine	41	ACTI-LANCE UNIVERSAL SAFETY LANCETS 23G	76	ADVOCATE INSULIN SYRINGE/U- 100/0.5ML/31GX5/16"	88
abacavir sulfate-lamivudine- zidovudine	41	ACTIGALL	67	ADVOCATE INSULIN SYRINGE/U-100/1ML/29GX1/2"	88
ABELCET	25	ACTIMMUNE	37	ADVOCATE INSULIN SYRINGE/U-100/1ML/30GX5/16"	88
ABILIFY	41	ACTIQ	6	ADVOCATE INSULIN SYRINGE/U-100/1ML/31GX5/16"	88
ABRAXANE	37	ACTIVE 1ST BLOOD LANCETS30G/EASY TWIST CAP	76	ADVOCATE LANCETS	76
acamprosate calcium	128	ACTONEL	64	ADVOCATE LANCETS 30G	76
acarbose	22	ACTOPLUS MET	22	ADVOCATE LANCING DEVICE	76
ACCOLATE	13	ACTOS	23	ADVOCATE RAPID-SAFE LANCING DEVICE	76
ACCU-CHEK FASTCLIX LANCETS	75	ACULAR	126	ADVOCATE SAFETY LANCETS	76
ACCU-CHEK MULTICLIX LANCETS	75	ACULAR LS	126	ADVOCATE SAFETY LANCETS 26G	76
ACCU-CHEK SAFE-T-PRO LANCETS	75	acyclovir	44	AFINITOR	36
ACCU-CHEK SAFE-T-PRO PLUSLANCETS	75	acyclovir topical	58	AFLURIA 2016-2017	135
ACCU-CHEK SOFT TOUCH LANCETS	75	ADACEL	132	AFLURIA 2017-2018	135
ACCU-CHEK SOFTCLIX LANCETS	75	ADAGEN	3	AFLURIA 2018-2019	135
ACCUPRIL	29	ADALAT CC	46	AFLURIA PF 2016-2017	135
ACCURETIC	30	adapalene	53		
acebutolol hcl	45	ADAPALENE	53		
ACEON	29	adapalene-benzoyl peroxide	53		
		ADCETRIS	34		
		ADCIRCA	48		
		ADDERALL	1		
		ADDERALL XR	1		
		adefovir dipivoxil	44		
		ADEMPAS	48		
		ADIPEX-P	1		
		ADJUSTABLE LANCING DEVICE	76		
		ADOXA	131		

AFLURIA PF 2017-2018	135	ALTERNATE SITE LANCING DEVICE	76	anastrozole	35
AFLURIA PF 2018-2019	135	ALTOPREV	28	ANCOBON	25
AFLURIA QUADRIVALENT 2016-2017	135	ALVESCO	14	ANDRODERM	9
AFLURIA QUADRIVALENT 2017-2018	135	amantadine hcl	38	ANDROXY	9
AFLURIA QUADRIVALENT 2018-2019	135	AMARYL	24	ANORO ELLIPTA	14
AGAMATRIX ULTRA-THIN LANCETS 33G	76	AMBIEN	71	ANTABUSE	128
AGGRENOLX	70	AMBIEN CR	71	ANTI-STICK INSULIN SYRINGE/U-100/0.5ML/28G X 1/2"	88
AGRYLIN	70	AMBISOME	25	ANTI-STICK INSULIN SYRINGE/U-100/0.5ML/29G X 1/2"	88
AIMSCO LUBRICATED	73	AMCINONIDE	58	ANTI-STICK INSULIN SYRINGE/U-100/1ML/29G X 1/2"	89
AKYNZEO	25	AMERGE	118	ANUSOL-HC	10
albendazole	10	amikacin sulfate	3	ANZEMET	24
ALBENZA	10	amiloride & hydrochlorothiazide	63	APIDRA	23
albuterol sulfate	14	amiloride hcl	63	APIDRA SOLOSTAR	23
ALCAINE	125	aminophylline	15	apraclonidine hcl	124
alclometasone dipropionate	58	amiodarone hcl	13	aprepitant	25
ALDACTAZIDE	63	AMITIZA	68	APRISO	68
ALDACTONE	63	amitriptyline hcl	21	APTIOM	16
ALDARA	61	amlodipine besylate	46	APTIVUS	41
ALDURAZYME	65	amlodipine besylate-atorvastatin calcium	47	AQUA LANCE ADJUSTABLE LANCING DEVICE	76
alendronate sodium	64	amlodipine besylate-benazepril hcl	30	AQUALANCE LANCETS ULTRA THIN 30G	76
ALENDRONATE SODIUM	64	amlodipine besylate-olmesartan medoxomil	30	ARALAST NP	130
alendronate sodium	64	amlodipine besylate-valsartan	30	ARANESP ALBUMIN FREE	70
alfuzosin hcl	69	amlodipine-valsartan-hydrochlorothiazide	30	ARAVA	5
ALIMTA	34	AMOXAPINE	21	ARCALYST	4
ALINIA	10	amoxicillin	127	ARCAPTA NEOHALER	14
ALKERAN	33	AMOXICILLIN	127	ARICEPT	128
ALLEGRA ALLERGY	26	amoxicillin	127	ARIMIDEX	35
ALLEGRA ALLERGY CHILDRENS	26	amoxicillin & pot clavulanate	127	aripiprazole	41
ALLEGRA-D 12 HOUR ALLERGY & CONGESTION	53	AMOXICILLIN/CLAVULANATE POTASSIUM	127	ARIXTRA	15
ALLEGRA-D 24 HOUR ALLERGY & CONGESTION	53	amphetamine-dextroamphetamine	1	armodafinil	2
allopurinol	69	AMPHOTERICIN B	25	ARMOUR THYROID	131
almotriptan malate	118	ampicillin	127	AROMASIN	35
ALOCRIAL	126	AMPICILLIN	127	ARRANON	34
ALOMIDE	126	ampicillin & sulbactam sodium	128	ARSENIC TRIOXIDE	37
ALORA	66	ampicillin sodium	127	ARTHROTEC 50	4
alosetron hcl	68	AMPYRA	129	ARTHROTEC 75	4
ALOXI	24	ANADROL-50	9	ARZERRA	34
ALPHAGAN P	124	ANAFRANIL	21	ASACOL HD	68
alprazolam	12	anagrelide hcl	70	ASMANEX TWISTHALER 120 METERED DOSES	14
ALREX	125	ANAPROX DS	4	ASMANEX TWISTHALER 14 METERED DOSES	14
ALTABAX	55				
ALTACE	29				

ASMANEX TWISTHALER 30 METERED DOSES	14	atorvastatin calcium	28	AZASITE	124
ASMANEX TWISTHALER 60 METERED DOSES	14	atovaquone	10	AZATHIOPRINE	121
ASMANEX TWISTHALER 7 METERED DOSES	14	atovaquone-proguanil hcl	31	azathioprine	121
aspirin	6	ATRIPLA	41	azelastine hcl	123
aspirin-dipyridamole	70	ATROPINE SULFATE	132	azelastine hcl (ophth)	126
ASSURE COMFORT LANCETS ULTRA THIN 28G	76	atropine sulfate	132	AZELEX	53
ASSURE HAEMOLANCE PLUS HIGH FLOW 18G	76	ATROPINE SULFATE	132	AZILECT	39
ASSURE HAEMOLANCE PLUS LOW FLOW 25G	76	ATROVENT HFA	13	azithromycin	72
ASSURE HAEMOLANCE PLUS MICRO FLOW 28G	76	AUBAGIO	129	AZOPT	126
ASSURE HAEMOLANCE PLUS NORMAL FLOW 21G	76	AUGMENTIN	128	AZOR	30
ASSURE HAEMOLANCE PLUS PEDIATRIC BLADE	76	AUGMENTIN ES-600	128	aztreonam	11
ASSURE ID INSULIN SAFETYSYRINGE/U- 100/0.5ML/29G X 1/2"	89	AUGMENTIN XR	128	AZULFIDINE	68
ASSURE ID INSULIN SAFETYSYRINGE/U- 100/1ML/29G X 1/2"	89	AURORA LANCET SUPER THIN30G	76	AZULFIDINE EN-TABS	68
ASSURE ID SAFETY PEN NEEDLES 30G X 5/16"	89	AURORA LANCET THIN 23G	76	B-D INSULIN SYRINGE ULTRAFINE II/0.3ML/31G X 5/16"	89
ASSURE ID SAFETY PEN NEEDLES 31G X 3/16"	89	AURORA PEN NEEDLES 29GX12MM	89	B-D INSULIN SYRINGE ULTRAFINE II/0.5ML/31G X 5/16"	89
ASSURE LANCE LANCETS 21G	76	AURORA PEN NEEDLES X6MM	89	B-D INSULIN SYRINGE ULTRAFINE II/1ML/31G X 5/16"	89
ASSURE LANCE PLUS SAFETYLANCETS 25G	76	AURORA PEN NEEDLES X8MM	89	B-D INSULIN SYRINGE ULTRAFINE/0.3ML/30G X 1/2"	89
ASSURE LANCE PLUS SAFETYLANCETS 30G	76	AURORA UNIFINE PENTIPS/32GX5/32"	89	B-D INSULIN SYRINGE ULTRAFINE/0.5ML/30G X 1/2"	89
ASSURE LANCETS	76	AURORA UNIFINE PENTIPS/MINI/31GX3/16"	89	bacitracin	10
ASTEPRO	123	AUSTEDO	129	BACITRACIN	124
AT LAST LANCETS	76	AUTO-LANCET	76	baclofen	122
ATACAND	29	AUTO-LANCET MINI	76	BACTRIM	10
ATACAND HCT	30	AUTOLET IMPRESSION LANCING DEVICE	76	BACTRIM DS	10
atazanavir sulfate	41	AUTOLET LANCING DEVICE	76	BACTROBAN	55
ATELVIA	64	AUTOLET MINI	76	BALCOLTRA	49
atenolol	45	AUTOLET PLUS	76	balsalazide disodium	68
atenolol & chlorthalidone	30	AVALIDE	30	BANZEL	16
ATGAM	121	AVANDIA	23	BARACLUDGE	44
ATIVAN	12	AVAPRO	29	BAYER MICROLET 2 LANCING DEVICE	76
ATLAS COLORED LUBRICATEDCONDOM	73	AVASTIN	34	BAYER MICROLET LANCETS	76
ATLAS LUBRICATED CONDOM	73	AVELOX	67	BD LO-DOSE INSULIN SYRINGE MICROFINE IV/0.5ML/28G X 1/2"	89
ATLAS LUBRICATED CONDOM/SPERMICIDE	73	AVELOX ABC PACK	67	BD AUTOSHIELD 29G X 5/16"	89
atomoxetine hcl	2	AVODART	69	BD INSULIN SYRINGE 0.5ML/29G X 12.7MM	89
		AVONEX	129	BD INSULIN SYRINGE LUER- LOK/U-100/1ML	89
		AVONEX PEN	129		
		AXERT	118		
		AYGESTIN	128		
		azacitidine	34		
		AZACTAM	11		
		AZASAN	121		

BD INSULIN SYRINGE MICROFINE IV/U- 100/0.3ML/28G X 1/2".....	89	BD INSULIN SYRINGE ULTRAFINE/0.5ML/30G X 1/2".....	90	BD INSULIN SYRINGE/U- 100/1ML/27G X 1/2".....	91
BD INSULIN SYRINGE MICROFINE IV/U- 100/0.5ML/28G X 1/2".....	89	BD INSULIN SYRINGE ULTRAFINE/0.5ML/31G X 5/16".....	90	BD INSULIN SYRINGE/U- 100/1ML/28G X 1/2".....	91
BD INSULIN SYRINGE MICROFINE IV/U-100/1ML/27G X 5/8".....	89	BD INSULIN SYRINGE ULTRAFINE/1ML/30G X 1/2".....	90	BD INTEGRA INSULIN SYRINGE/U-100/1ML/29G X 1/2".....	91
BD INSULIN SYRINGE MICROFINE IV/U-100/1ML/28G X 1/2".....	89	BD INSULIN SYRINGE ULTRAFINE/1ML/31G X 5/16".....	90	BD INTEGRA SYRINGE/RETRACTING NEEDLE/1ML/25G X 1".....	91
BD INSULIN SYRINGE MICROFINE/U-100/0.3ML/28G X 1/2".....	89	BD INSULIN SYRINGE ULTRAFINE/U-100/0.3ML/29G X 1/2".....	90	BD LANCET DEVICE.....	76
BD INSULIN SYRINGE MICROFINE/U-100/0.5ML/28G X 1/2".....	89	BD INSULIN SYRINGE ULTRAFINE/U-100/0.3ML/30G X 1/2".....	90	BD LANCET ULTRAFINE 30G.....	76
BD INSULIN SYRINGE MICROFINE/U-100/1ML/27G X 5/8".....	89	BD INSULIN SYRINGE ULTRAFINE/U-100/0.3ML/31G X 5/16".....	90	BD LANCET ULTRAFINE 33G.....	76
BD INSULIN SYRINGE MICROFINE/U-100/1ML/28G X 1/2".....	89	BD INSULIN SYRINGE ULTRAFINE/U-100/0.5ML/29G X 1/2".....	90	BD MICROTAINER LANCETS.....	76
BD INSULIN SYRINGE SAFETYGLIDE/0.5ML/29G X 1/2".....	89	BD INSULIN SYRINGE ULTRAFINE/U-100/0.5ML/30G X 1/2".....	90	BD PEN NEEDLE/MINI/ULTRAFINE/31G X 3/16".....	91
BD INSULIN SYRINGE SAFETYGLIDE/1ML/29G X 1/2".....	89	BD INSULIN SYRINGE ULTRAFINE/U-100/0.5ML/31G X 5/16".....	90	BD PEN NEEDLE/NANO/ULTRAFINE/32 G X 4MM.....	91
BD INSULIN SYRINGE SAFETYGLIDE/U- 100/0.3ML/31G X 5/16".....	89	BD INSULIN SYRINGE ULTRAFINE/U-100/1ML/29G X 1/2".....	90	BD PEN NEEDLE/SHORT/ULTRAFINE/31 G X 5/16".....	91
BD INSULIN SYRINGE SAFETYGLIDE/U-100/1ML/31G X 15/64".....	89	BD INSULIN SYRINGE ULTRAFINE/U-100/1ML/30G X 1/2".....	90	BD PEN NEEDLE/ULTRAFINE/29G X 12.7MM.....	91
BD INSULIN SYRINGE SLIP TIP/U-100/1ML.....	90	BD INSULIN SYRINGE ULTRAFINE/U-100/1ML/29G X 1/2".....	90	BD PEN NEEDLE/ULTRAFINE/29GX1/2" 12.7MM.....	91
BD INSULIN SYRINGE U- 100/0.3ML/29G X 1/2".....	90	BD INSULIN SYRINGE ULTRAFINE/U-100/1ML/30G X 1/2".....	90	BD PEN NEEDLES SHORT/ULTRAFINE/31G X 5/16".....	91
BD INSULIN SYRINGE U- 100/1ML/29G X 1/2".....	90	BD INSULIN SYRINGE ULTRAFINE/U-100/1ML/31G X 15/64".....	90	BD SAFETY-GLIDE INSULIN SYRINGE/0.5ML/29G X 1/2".....	91
BD INSULIN SYRINGE ULTRAFINE HALF- UNIT/0.3ML/31G X 5/16".....	90	BD INSULIN SYRINGE ULTRAFINE/U-100/1ML/31G X 5/16".....	90	BD SAFETY-LOK INSULIN SYRINGE/PERM NEEDLE/UF/1ML/29G X 1/2".....	91
BD INSULIN SYRINGE ULTRAFINE II/SHORT/0.5ML/31G X 5/16".....	90	BD INSULIN SYRINGE/1ML/27GX12.7MM	90	BD SAFETYGLIDE INSULIN SYSYRINGE/0.5ML/30G X 5/16".....	91
BD INSULIN SYRINGE ULTRAFINE II/SHORT/1ML/31G X 5/16".....	90	BD INSULIN SYRINGE/DETACHABLE NEEDLE/U-100/1ML/25G X 1".....	90	BD ULTRA-FINE MICRO PEN NEEDLES 6MM X 32G.....	91
BD INSULIN SYRINGE ULTRAFINE/0.3ML/30G X 1/2".....	90	BD INSULIN SYRINGE/DETACHABLE NEEDLE/U-100/1ML/25G X 5/8".....	90	BD VEO INSULIN SYRINGE ULTRAFINE/U-100/1ML/31G X 15/64".....	91
BD INSULIN SYRINGE ULTRAFINE/0.3ML/31G X 5/16".....	90	BD INSULIN SYRINGE/DETACHABLE NEEDLE/U-100/1ML/26G X 1/2".....	90	BELSOMRA.....	72
				BELVIQ.....	2
				benazepril & hydrochlorothiazide.....	30
				benazepril hcl.....	29
				BENICAR.....	29
				BENICAR HCT.....	30
				BENTYL.....	132

BENZAFLIN	53	BRAFTOVI	36	calcipotriene	57
BENZAFLIN WITH PUMP	53	BREO ELLIPTA	14	calcipotriene-betamethasone dipropionate	59
BENZAMYCIN	54	BREVICON-28	49	calcitonin (salmon)	64
BENZEFOAM	54	BRILINTA	70	CALCITRIOL	57
BENZEFOAM ULTRA	54	brimonidine tartrate	124	calcitriol	65
benzonatate	53	BROMFENAC	126	calcium acetate (phosphate binder)	68
benzoyl peroxide	54	bromfenac sodium (ophth)	126	calcium chloride (dihydrate)	119
BENZOYL PEROXIDE CLEANSER	54	bromocriptine mesylate	38	calcium gluconate	119
benzoyl peroxide- erythromycin	54	BROVANA	14	calcium polycarbophil	72
benztropine mesylate	38	budesonide	51	CAMPATH	34
BEPREVE	126	budesonide (inhalation)	14	CAMPTOSAR	38
BESIVANCE	124	budesonide (nasal)	123	CANASA	68
BETAGAN	124	BULLSEYE MINI SAFETY LANCETS	76	CANCIDAS	25
betamethasone dipropionate (topical)	58	BULLSEYE SAFETY LANCETS	77	candesartan cilexetil	29
betamethasone dipropionate augmented	58	bumetanide	63	candesartan cilexetil- hydrochlorothiazide	30
betamethasone valerate	58	BUMEX	63	CAPASTAT SULFATE	32
BETAPACE	46	BUNAVAIL	9	capecitabine	34
BETAPACE AF	46	BUPHENYL	65	CAPRELSA	36
BETASERON	129	BUPRENEX	9	captopril	29
betaxolol hcl	45	BUPRENORPHINE	9	CARAFATE	133
betaxolol hcl (ophth)	124	buprenorphine hcl	9	CARBAGLU	65
bethanechol chloride	134	buprenorphine hcl-naloxone hcl dihydrate	9	carbamazepine	16,17
BEVYXXA	15	bupropion hcl	19	CARBATROL	17
bexarotene	37	bupropion hcl (smoking deterrent)	130	carbidopa	38
BEYAZ	49	buspirone hcl	12	carbidopa-levodopa	38
BIAXIN	73	busulfan	33	CARBIDOPA/LEVODOPA/ENTA CAPONE	38
bicalutamide	35	BUSULFEX	33	carbinoxamine maleate	26
BICNU	33	butalbital-acetaminophen	5	carboplatin	33
BIDIL	47	butalbital-acetaminophen- caffeine	5	CARDIOCOM LANCING DEVICE	77
BIKTARVY	41	butalbital-acetaminophen- caffeine w/ codeine	8	CARDIZEM	46
BILTRICIDE	10	butalbital-aspirin-caffeine	5	CARDIZEM CD	46
bimatoprost	126	butalbital-aspirin-caffeine w/cod	8	CARDIZEM LA	46
bisacodyl	72	butenafine hcl	55	CARDURA	30
bisoprolol & hydrochlorothiazide	30	butorphanol tartrate	9	CAREFINE PEN NEEDLE 32GX4MM	91
bisoprolol fumarate	45	BUTRANS	9	CAREFINE PEN NEEDLES 29GX1/2"	91
bleomycin sulfate	35	BYETTA	23	CAREFINE PEN NEEDLES 30GX5/16"	91
BLEPH-10	124	BYSTOLIC	45	CAREFINE PEN NEEDLES 31GX6MM	91
BONIVA	64	cabergoline	66	CAREFINE PEN NEEDLES 31GX8MM	91
BOOSTRIX	132	CADUET	47	CAREFINE PEN NEEDLES 32GX5MM	91
BORTEZOMIB	36	CAFERGOT	118		
BOSULIF	36	CALAN	46		
BOTOX	123	CALAN SR	46		
BP CLEANSING WASH	54				

CAREFINE PEN NEEDLES		CARETOUCH PEN NEEDLES		cephalexin	48
32GX6MM	91	32GX 5MM	92	CEPHALEXIN	48
CAREONE ADVANCED		CARETOUCH TWIST		CERDELGA	70
LANCINGDEVICE	77	LANCETS 28G	77	CEREBYX	18
CAREONE INSULIN		CARETOUCH TWIST		CEREZYME	70
SYRINGES/0.3ML/30G X		LANCETS 30G	77	CESAMET	25
1/2"	91	CARETOUCH TWIST		cetirizine hcl	26
CAREONE INSULIN		LANCETS 33G	77	cetirizine-pseudoephedrine	53
SYRINGES/0.3ML/31G X		carisoprodol	122	CETRAXAL	126
5/16"	91	carmustine	33	CETROTIDE	64
CAREONE INSULIN		carteolol hcl (ophth)	124	cevimeline hcl	122
SYRINGES/0.5ML/30G X		carvedilol	45	CHANTIX	130
1/2"	91	CASODEX	35	CHANTIX CONTINUING	
CAREONE INSULIN		caspofungin acetate	25	MONTHPAK	130
SYRINGES/0.5ML/31G X		CATAPRES	30	CHANTIX STARTING MONTH	
1/2"	91	CAYA	73	PAK	130
CAREONE INSULIN		CAYSTON	11	CHEK-STIX COMBO PAK	
SYRINGES/1ML/30G X 1/2"	91	CEDAX	49	URINALYSIS CONTROL	62
CAREONE INSULIN		cefaclor	48	CHEK-STIX CONTROL	62
SYRINGES/1ML/31GX5/16"	91	CEFACTOR	48	CHEMET	24
CAREONE LANCET THIN	77	cefadroxil	48	CHEMSTRIP-K	62
CAREONE LANCET ULTRA		cefazolin sodium	48	CHILDRENS ADVIL	4
THIN	77	CEFAZOLIN SODIUM	48	CHILDRENS MOTRIN	4
CAREONE UNIFINE PENTIPS		cefdinir	49	CHLORAMPHENICOL SODIUM	
29GX12MM	91	CEFDITOREN PIVOXIL	49	SUCCINATE	11
CAREONE UNIFINE PENTIPS		cefepime hcl	49	chlordiazepoxide hcl	12
31GX5MM	91	cefexime	49	chlordiazepoxide hcl-clidinium	
CAREONE UNIFINE PENTIPS		CEFOTAN	48	bromide	132
31GX6MM	91	cefotaxime sodium	49	chlorhexidine gluconate (mouth-	
CAREONE UNIFINE PENTIPS		CEFOTAXIME SODIUM	49	throat)	122
31GX8MM	91	CEFOTETAN	48	CHLOROQUINE	
CAREONE UNIFINE PENTIPS		cefotetan disodium	48	PHOSPHATE	32
PEN NEEDLES 32GX4MM	92	cefotixin sodium	48	chloroquine phosphate	32
CAREONE UNIFINE PENTIPS		cefpodoxime proxetil	49	CHLOROTHIAZIDE	63
PLUS PEN NEEDLES		cefprozil	48	chlorothiazide	63
29GX12MM	92	ceftazidime	49	CHLORPROMAZINE HCL	41
CAREONE UNIFINE PENTIPS		CEFTIBUTEN	49	chlorpromazine hcl	41
PLUS PEN NEEDLES		CEFTIN	48	chlorthalidone	63
31GX5MM	92	ceftriaxone sodium	49	CHLORZOXAZONE	122
CAREONE UNIFINE PENTIPS		cefuroxime axetil	48	CHOLBAM	67
PLUS PEN NEEDLES		cefuroxime sodium	48	cholecalciferol	137
31GX6MM	92	CELEBREX	4	cholestyramine	28
CAREONE UNIFINE PENTIPS		celecoxib	4	cholestyramine light	28
PLUS PEN NEEDLES		CELEXA	20	CHORIONIC	
31GX8MM	92	CELLCEPT	121	GONADOTROPIN	64
CAREONE UNIFINE PENTIPS		CELLCEPT		CIALIS	47
PLUS PEN NEEDLES		INTRAVENOUS	121	ciclopirox	55
32GX4MM	92	CELONTIN	19	ciclopirox olamine	55
CARETOUCH LANCING				cidofovir	44
DEVICewith EJECTOR	77			cilostazol	70
CARETOUCH PEN NEEDLES					
31G X 6 MM	92				
CARETOUCH PEN NEEDLES					
31GX 5MM	92				
CARETOUCH PEN NEEDLES					
31GX 8MM	92				
CARETOUCH PEN NEEDLES					
32GX 4MM	92				

CILOXAN.....	124	CLEVER CHOICE COMFORT EZINSULIN PEN NEEDLES 31GX8MM.....	92	CLEVER CHOICE COMFORT EZLANCETS 23G.....	77
CIMDUO.....	41	CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.3ML/29G X 1/2".....	92	CLEVER CHOICE COMFORT EZLANCETS 28G.....	77
cimetidine.....	132	CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.3ML/30G X 1/2".....	92	CLEVER CHOICE COMFORT EZPEN NEEDLES 29GX12MM.....	93
CIMZIA.....	68	CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.3ML/30G X 1/2".....	92	CLEVER CHOICE COMFORT EZPEN NEEDLES 31GX5MM.....	93
CIMZIA STARTER KIT.....	68	CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.3ML/31G X 5/16".....	92	CLEVER CHOICE COMFORT EZPEN NEEDLES 31GX6MM.....	93
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CIPRO HC.....	126	CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.5ML/29G X 1/2".....	92	CLEVER CHOICE COMFORT EZPEN NEEDLES 32GX5MM.....	93
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ELIMITE.....	62	entacapone.....	38	ergocalciferol.....	137
ELIPHOS.....	68	entecavir.....	44	ERGOLOID MESYLATES.....	130
ELIQUIS.....	15	ENTEREG.....	68	ERGOMAR.....	118
ELIQUIS STARTER PACK..	15	ENTOCORT EC.....	52	ergotamine w/ caffeine.....	118
ELITE-THIN INSULIN		ENTRESTO.....	47	ERIVEDGE.....	34
SYRINGE/0.3ML/31G X		EPCLUSA.....	44	ERTACZO.....	55
5/16".....	96	EPIDUO.....	54	ertapenem sodium.....	10
ELITE-THIN INSULIN		epinastine hcl (ophth).....	126	ERWINAZE.....	37
SYRINGE/0.5ML/29G X 1/2" .	96	epirubicin hcl.....	36	ERY-TAB.....	73
ELITE-THIN INSULIN		EPIVIR.....	42	ERYPED 200.....	73
SYRINGE/0.5ML/30G X		EPIVIR HBV.....	44	ERYPED 400.....	73
5/16".....	96	eplerenone.....	31	erythromycin (acne aid).....	54
ELITE-THIN INSULIN		EPOGEN.....	70	erythromycin (ophth).....	124
SYRINGE/1ML/30G X 5/16" .	96	epoprostenol sodium.....	47	erythromycin base.....	73
ELITE-THIN INSULIN		EPZICOM.....	42	erythromycin ethylsuccinate .	73
SYRINGE/U-100/0.5ML/28G X		EQ OMEPRAZOLE.....	133	ERYTHROMYCIN	
1/2".....	96	EQL COLOR LANCETS		ETHYLSUCCINATE.....	73
ELITE-THIN INSULIN		21G.....	78	escitalopram oxalate.....	20
SYRINGE/U-100/0.5ML/31G X		EQL COLOR LANCETS		ESGIC.....	6
5/16".....	96	MICRO THIN 33G.....	78	esomeprazole magnesium.....	133
ELITE-THIN INSULIN		EQL INSULIN		estazolam.....	71
SYRINGE/U-100/1ML/28G X		SYRINGE/0.3ML/29G X		ESTRACE.....	67
1/2".....	96	1/2".....	96	estradiol.....	67
ELITE-THIN INSULIN		EQL INSULIN		estradiol vaginal.....	137
SYRINGE/U-100/1ML/29G X		SYRINGE/0.3ML/30G X		estradiol valerate.....	67
1/2".....	96	5/16".....	96	ESTROGEL.....	67
ELITE-THIN INSULIN		EQL INSULIN		ESTROPIPATE.....	67
SYRINGE/U-100/1ML/31G X		SYRINGE/0.3ML/31G X		ESTROSTEP FE.....	49
5/16".....	96	5/16".....	96	eszopiclone.....	71
ELIXOPHYLLIN.....	15	EQL INSULIN		ethacrynic acid.....	63
ELLA.....	51	SYRINGE/0.5ML/29G X		ethambutol hcl.....	33
ELLECE.....	36	1/2".....	96	ethosuximide.....	19
ELMIRON.....	69	EQL INSULIN		ethynodiol diacet & eth	
ELOCON.....	59	SYRINGE/0.5ML/30G X		estrad.....	49
EMADINE.....	126	5/16".....	96	ETIDRONATE DISODIUM..	64
EMBEDA.....	6	EQL INSULIN		etodolac.....	4
EMBRACE LANCETS ULTRA		SYRINGE/0.5ML/31G X		ETOPOPHOS.....	38
THIN 30G.....	78	5/16".....	96		
EMCYT.....	35	EQL INSULIN			
EMEND.....	25	SYRINGE/1ML/29G X 1/2" .	96		
EMFLAZA.....	52				

ETOPOSIDE.....	38	EZ-LETS LANCETS 23G..	79	FETZIMA TITRATION PACK	21
etoposide.....	38	EZ-LETS LANCETS 26G		FEXMID.....	122
EUCRISA.....	61	SUPER-SOFT.....	79	fexofenadine hcl.....	27
EURAX.....	62	EZ-LETS LANCETS 28G		fexofenadine-pseudoephedrine	
EVAMIST.....	67	ULTRA-SOFT.....	79	53
EVISTA.....	65	EZ-LETS LANCETS 30G..	79	FIASP.....	23
EVOCLIN.....	54	ezetimibe.....	29	FIASP FLEXTOUCH.....	23
EVOXAC.....	122	ezetimibe-simvastatin.....	27	FIBERCON.....	72
EXALGO.....	6	FABRAZYME.....	65	FIFTY50 LANCING DEVICE	79
EXEL COMFORT POINT		FACTIVE.....	67	FIFTY50 PEN NEEDLES 31G	
INSULIN PEN NEEDLES 29G X		FALESSA.....	49	X3/16" (5MM).....	97
12MM.....	96	famciclovir.....	44	FIFTY50 PEN NEEDLES 31G	
EXEL COMFORT POINT		famotidine.....	132	X5/16" (8MM).....	97
INSULIN PEN NEEDLES 31G X		FAMOTIDINE		FIFTY50 PEN NEEDLES	
6MM.....	96	PREMIXED.....	132	31GX5MM.....	97
EXEL COMFORT POINT		FAMVIR.....	44	FIFTY50 PEN	
INSULIN PEN NEEDLES 31G X		FANAPT.....	40	NEEDLES/31GX8MM.....	97
8MM.....	96	FANAPT TITRATION		FIFTY50 PEN	
EXEL COMFORT POINT		PACK.....	40	NEEDLES/32GX4MM.....	97
INSULIN SYRINGE/0.3ML/29G X		FANTASY LUBRICATED..	73	FIFTY50 PEN	
1/2".....	96	FANTASY		NEEDLES/32GX6MM.....	97
EXEL COMFORT POINT		LUBRICATED/SPERMICIDE		FIFTY50 SAFETY SEAL	
INSULIN SYRINGE/0.3ML/30G X		73	LANCETS 30G.....	79
5/16".....	97	FARESTON.....	35	FIFTY50 SAFETY SEAL	
EXEL COMFORT POINT		FARXIGA.....	23	LANCETS 32G.....	79
INSULIN SYRINGE/0.5ML/28G X		FASLODEX.....	35	FIFTY50 SUPERIOR	
1/2".....	97	FAZACLO.....	40	COMFORTINSULIN	
EXEL COMFORT POINT		FC FEMALE CONDOM...	73	SYRINGE/0.3ML/31G X	
INSULIN SYRINGE/0.5ML/29G X		FC2 FEMALE CONDOM..	74	5/16".....	97
1/2".....	97	felbamate.....	18	FIFTY50 SUPERIOR	
EXEL COMFORT POINT		FELBATOL.....	18	COMFORTINSULIN	
INSULIN SYRINGE/1ML/28G X		FELDENE.....	4	SYRINGE/0.5ML/31G X	
1/2".....	97	felodipine.....	46	5/16".....	97
EXEL COMFORT POINT		FEMARA.....	35	FIFTY50 SUPERIOR	
INSULIN SYRINGE/1ML/29G X		FEMCAP.....	74	COMFORTINSULIN	
1/2".....	97	FEMCON FE.....	49	SYRINGE/1ML/31G X 5/16"	97
EXEL COMFORT POINT		FEMHRT LOW DOSE.....	66	FIFTY50 UNILET LANCETS	
INSULIN SYRINGE/1ML/30G X		FEMRING.....	137	33G.....	79
5/16".....	97	fenofibrate.....	28	FINACEA.....	61
EXELDERM.....	56	fenofibrate micronized.....	28	finasteride.....	69
EXELON.....	129	fenoprofen calcium.....	4	finasteride (alopecia).....	61
exemestane.....	35	fentanyl.....	6	FINE 30.....	79
EXFORGE.....	30	fentanyl citrate.....	6	FINGERSTIX LANCETS.....	79
EXFORGE HCT.....	30	FER-IN-SOL.....	71	FIORICET.....	6
EXJADE.....	24	FERRIPROX.....	24	FIORICET/CODEINE.....	8
EXTAVIA.....	129	ferrous fumarate-folic acid.	71	FIORINAL.....	6
EXTRA SENSITIVE		ferrous sulfate.....	71	FIORINAL/CODEINE #3.....	8
SPERMICIDAL.....	73	FETZIMA.....	21	FIRAZYR.....	69
EZ SMART BLOOD GLUCOSE				FIRMAGON.....	35
LANCETS.....	79			FIRVANQ.....	11
EZ-LETS LANCETS 21G...	79			FLAGYL.....	10
				flavoxate hcl.....	134
				flecainide acetate.....	13

FLECTOR.....	55	fluocinonide emulsified base.....	59	FORTEO.....	64
FLOLAN.....	47	fluorometholone (ophth)...	125	FOSAMAX.....	64
FLOMAX.....	69	fluorouracil.....	34	FOSAMAX PLUS D.....	64
FLONASE ALLERGY RELIEF.....	123	fluorouracil (topical).....	57	fosamprenavir calcium.....	42
FLONASE ALLERGY RELIEF CHILDRENS.....	123	FLUOXETINE.....	130	fosinopril sodium.....	29
FLOVENT DISKUS.....	14	fluoxetine hcl.....	20	fosinopril sodium & hydrochlorothiazide.....	30
FLOVENT HFA.....	14	FLUPHENAZINE HCL.....	41	fosphenytoin sodium.....	18
FLOWTUSS.....	53	fluphenazine hcl.....	41	FOSRENOL.....	68
FLOXIN OTIC.....	126	flurbiprofen.....	4	FRAGMIN.....	16
floxuridine.....	34	flurbiprofen sodium.....	126	FREDS PHARMACY AUTOLET LANCING DEVICE.....	79
FLUAD 2016-2017.....	135	flutamide.....	35	FREDS PHARMACY UNIFINE PENTIPS PEN NEEDLES 32GX4MM.....	97
FLUAD 2017-2018.....	135	fluticasone propionate.....	59	FREDS PHARMACY UNIFINE PENTIPS PLUS 31GX5MM.....	97
FLUAD 2018-2019.....	135	fluticasone propionate (nasal).....	123	FREDS PHARMACY UNIFINE PENTIPS PLUS 31GX8MM.....	97
FLUARIX QUADRIVALENT 2016-2017.....	135	fluvastatin sodium.....	28	FREDS PHARMACY UNILET LANCETS SUPER THIN 30G.....	79
FLUARIX QUADRIVALENT 2017-2018.....	135	FLUVIRIN 2015-2016.....	136	FREDS PHARMACY UNILET LANCETS ULTRA THIN 28G.....	79
FLUARIX QUADRIVALENT 2018-2019.....	135	FLUVIRIN 2016-2017.....	136	FREESTYLE LANCETS.....	79
FLUBLOK 2015-2016.....	135	FLUVIRIN 2017-2018.....	136	FREESTYLE PRECISION INSULIN SYRINGE/U- 100/0.5ML/30G X 5/16".....	97
FLUBLOK 2016-2017.....	135	fluvoxamine maleate.....	20	FREESTYLE PRECISION INSULIN SYRINGE/U- 100/0.5ML/31G X 5/16".....	97
FLUBLOK 2017-2018.....	135	FLUZONE HIGH-DOSE PF 2016-2017.....	136	FREESTYLE PRECISION INSULIN SYRINGE/U- 100/1ML/31G X 5/16".....	97
FLUBLOK QUADRIVALENT 2017-2018.....	135	FLUZONE HIGH-DOSE PF 2017-2018.....	136	FREESTYLE PRECISION INSULIN SYRINGES/U- 100/1ML/30G X 5/16".....	97
FLUBLOK QUADRIVALENT 2018-2019.....	135	FLUZONE HIGH-DOSE PF 2018-2019.....	136	FREESTYLE UNISTICK II LANCETS.....	79
FLUCELVAX 2015-2016.....	136	FLUZONE INTRADERMAL QUADRIVALENT 2016- 2017.....	136	FROVA.....	118
FLUCELVAX QUADRIVALENT 2016-2017.....	136	FLUZONE INTRADERMAL QUADRIVALENT 2017- 2018.....	136	frovatriptan succinate.....	118
FLUCELVAX QUADRIVALENT 2017-2018.....	136	FLUZONE QUADRIVALENT 2016-2017.....	137	FURADANTIN.....	134
FLUCELVAX QUADRIVALENT 2018-2019.....	136	FLUZONE QUADRIVALENT 2017-2018.....	137	furosemide.....	63
fluconazole.....	26	FLUZONE QUADRIVALENT 2018-2019.....	137	FUROSEMIDE.....	63
flucytosine.....	25	FML.....	125	FUZEON.....	42
fludarabine phosphate.....	34	FML FORTE.....	125	FYCOMPA.....	16
fludrocortisone acetate.....	52	FML LIQUIFILM.....	125	gabapentin.....	17
FLULAVAL QUADRIVALENT 2016-2017.....	136	FOCALIN.....	2	GABITRIL.....	18
FLULAVAL QUADRIVALENT 2017-2018.....	136	FOCALIN XR.....	2	galantamine hydrobromide.....	129
FLULAVAL QUADRIVALENT 2018-2019.....	136	folic acid.....	70	GAMMAGARD LIQUID.....	127
FLUMADINE.....	45	FOLOTYN.....	34		
FLUMIST QUADRIVALENT.....	136	fondaparinux sodium... ..	15,16		
FLUNISOLIDE.....	123	FORA LANCETS.....	79		
fluocinolone acetonide.....	59	FORA LANCING DEVICE.....	79		
fluocinolone acetonide (otic).....	127	FORA LANCING DEVICE/CLEARCAP.....	79		
fluocinonide.....	59	FORTAZ.....	49		

GAMMAGARD S/D IGA LESS THAN 1MCG/ML.....	127	GEODON.....	39	GLOBAL INJECT EASE INSULIN SYRINGE/U-100/1ML/30G X 1/2".....	98
GAMMAKED.....	127	GILENYA.....	129	GLOBAL INJECT EASE INSULIN SYRINGE/U-100/1ML/30G X 5/16".....	98
GAMUNEX-C.....	127	GILOTRIF.....	36	GLOBAL INJECT EASE INSULIN SYRINGE/U-100/1ML/31G X 5/16".....	98
ganciclovir sodium.....	44	glatiramer acetate.....	129	GLOBAL INJECT EASE LANCETS 28G.....	79
GANIRELIX ACETATE.....	64	GLEEVEC.....	36	GLOBAL INJECT EASE LANCETS 30G.....	79
gatifloxacin (ophth).....	124	GLEOSTINE.....	33	GLOBAL INSULIN SYRINGE/U-100/0.3ML/30G X 1/2".....	98
GEL-KAM ORAL CARE RINSE.....	122	glimepiride.....	24	GLOBAL INSULIN SYRINGES/U-100/0.3ML/30GX5/16".....	98
gemcitabine hcl.....	34	glipizide.....	24	GLOBAL LANCING DEVICE 79	
gemfibrozil.....	28	glipizide-metformin hcl.....	22	GLUCAGEN DIAGNOSTIC.....	62
GEMZAR.....	34	GLOBAL EASE INJECT PEN NEEDLES 29GX12MM.....	97	GLUCAGEN HYPOKIT.....	23
GENERESS FE.....	49	GLOBAL EASE INJECT PEN NEEDLES 31GX8MM.....	97	GLUCAGON EMERGENCY KIT.....	23
GENOTROPIN.....	65	GLOBAL EASE INJECT PEN NEEDLES 32GX4MM.....	97	GLUCOCOM LANCETS 28G.....	80
GENOTROPIN MINIQUICK.....	65	GLOBAL EASE INJECT PEN NEEDLES 31GX5MM.....	97	GLUCOCOM LANCETS 30G.....	80
gentamicin in saline.....	3	GLOBAL EASY GLIDE INSULIN SYRINGE/U-100/0.3ML/31G X 5/16".....	98	GLUCOCOM LANCETS 33G.....	80
gentamicin sulfate.....	3	GLOBAL EASY GLIDE PEN NEEDLES 32GX4MM.....	98	GLUCOPHAGE.....	22,23
gentamicin sulfate (ophth).....	124	GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.3ML/29G X 1/2".....	98	GLUCOPHAGE XR.....	23
gentamicin sulfate (topical).....	55	GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.3ML/30G X 1/2".....	98	GLUCOPRO INSULIN SYRINGE/U-100/0.3ML/30G X 1/2".....	98
GENTAMICIN SULFATE/0.9% SODIUM CHLORIDE.....	3	GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.3ML/30G X 5/16".....	98	GLUCOPRO INSULIN SYRINGE/U-100/0.3ML/30G X 5/16".....	98
GENTEEL BUTTERFLY TOUCH LANCETS.....	79	GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.3ML/31G X 5/16".....	98	GLUCOPRO INSULIN SYRINGE/U-100/0.3ML/31G X 5/16".....	98
GENTEEL LANCING DEVICE/BUFF BLACK.....	79	GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.5ML/28G X 1/2".....	98	GLUCOPRO INSULIN SYRINGE/U-100/0.5ML/30G X 1/2".....	98
GENTEEL LANCING DEVICE/BUTTERFLY BLUE.....	79	GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.5ML/29G X 1/2".....	98	GLUCOPRO INSULIN SYRINGE/U-100/0.5ML/30G X 5/16".....	98
GENTEEL LANCING DEVICE/GLORIOUS GOLD.....	79	GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.5ML/30G X 1/2".....	98	GLUCOPRO INSULIN SYRINGE/U-100/0.5ML/31G X 5/16".....	98
GENTEEL LANCING DEVICE/GLORIOUS GOLD.....	79	GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.5ML/31G X 5/16".....	98	GLUCOPRO INSULIN SYRINGE/U-100/1ML/30G X 1/2".....	99
GENTEEL LANCING DEVICE/PLAYFUL PURPLE.....	79	GLOBAL INJECT EASE INSULIN SYRINGE/U-100/1ML/28G X 1/2".....	98	GLUCOPRO INSULIN SYRINGE/U-100/1ML/30G X 5/16".....	99
GENTEEL LANCING DEVICE/PLAYFUL PURPLE.....	79	GLOBAL INJECT EASE INSULIN SYRINGE/U-100/1ML/29G X 1/2".....	98	GLUCOPRO INSULIN SYRINGE/U-100/1ML/31G X 5/16".....	99
GENTEEL LANCING DEVICE/PRECIOUS PLATINUM.....	79				
GENTEEL LANCING DEVICE/PRINCESS PINK.....	79				
GENTEEL LANCING DEVICE/STATELY SILVER.....	79				
GENTEEL LANCING DEVICE/STATELY SILVER.....	79				
GENTEEL LANCING DEVICE/WILLOWY WHITE.....	79				
GENTLE-LET GP LANCETS.....	79				
GENTLE-LET LANCETS GENERAL PURPOSE STYLE/FINE POINT.....	79				
GENTLE-LET LANCETS GENERAL PURPOSE STYLE/MEDIUM POINT.....	79				
GENTLE-LET LANCETS SAFETY STYLE/FINE POINT.....	79				
GENTLE-LET LANCETS SAFETY STYLE/MEDIUM POINT.....	79				
GENVOYA.....	42				

GLUCOSOURCE LANCET DEVICE.....	80	GNP MICRO THIN LANCETS 33G.....	80	GRASTEK.....	3
GLUCOSOURCE LANCETS	80	GNP OMEPRAZOLE.....	133	GRIS-PEG.....	25
GLUCOTROL.....	24	GNP SUPER THIN LANCETS/30G.....	80	griseofulvin microsize.....	26
GLUCOTROL XL.....	24	GNP ULTRA COMFORT INSULIN SYRINGE/0.3ML/29G X 1/2".....	99	griseofulvin ultramicrosize.....	26
GLUCOVANCE.....	22	GNP ULTRA COMFORT INSULIN SYRINGE/0.3ML/30G X 5/16" SHORT.....	99	guanfacine hcl.....	30
glyburide.....	24	GNP ULTRA COMFORT INSULIN SYRINGE/0.3ML/31G X 5/16" SHORT.....	99	guanfacine hcl (adhd).....	2
glyburide micronized.....	24	GNP ULTRA COMFORT INSULIN SYRINGE/0.5ML/28G X 1/2".....	99	GUANIDINE HCL.....	32
glyburide-metformin.....	22	GNP ULTRA COMFORT INSULIN SYRINGE/0.5ML/29G X 1/2".....	99	GYNAZOLE-1.....	137
glycine (gu irrigant).....	69	GNP ULTRA COMFORT INSULIN SYRINGE/0.5ML/30G X 5/16" SHORT.....	99	GYNE-LOTRIMIN.....	137
glycopyrrolate.....	132	GNP ULTRA COMFORT INSULIN SYRINGE/0.5ML/31G X 5/16" SHORT.....	99	H-E-B IN CONTROL PEN NEEDLES 31GX5MM.....	100
GLYNASE.....	24	GNP ULTRA COMFORT INSULIN SYRINGE/1ML/28G X 1/2".....	99	H-E-B IN CONTROL PEN NEEDLES 31GX6MM.....	100
GLYSET.....	22	GNP ULTRA COMFORT INSULIN SYRINGE/1ML/29G X 1/2".....	99	H-E-B IN CONTROL PEN NEEDLES 31GX8MM.....	100
GLYXAMBI.....	22	GNP ULTRA COMFORT INSULIN SYRINGE/1ML/31G X 5/16" SHORT.....	99	H-E-B IN CONTROL PEN NEEDLES/NANO/32GX4MM	100
GNP CLICKFINE PEN NEEDLEUNIVERSAL/31GX5/16"	99	GNP ULTRA COMFORT INSULIN SYRINGE/1ML/30G X 5/16" SHORT.....	99	H-E-B IN CONTROL UNIFINEPENTIPS PLUS 31GX5MM.....	100
GNP CLICKFINE UNIVERSAL PEN NEEDLES 31GX1/4"	99	GNP ULTRA COMFORT INSULIN SYRINGE/1ML/30G X 5/16" SHORT.....	99	H-E-B IN CONTROL UNIFINEPENTIPS PLUS 32GX4MM.....	100
GNP CLICKFINE UNIVERSAL PEN NEEDLES 31GX5/16"	99	GNP ULTRA COMFORT INSULIN SYRINGE/1ML/29G X 1/2".....	99	H-E-B INCONTROL ADVANCEDLANCING DEVICE.....	80
GNP INSULIN SYRINGE/0.3ML/29G X 1/2"	99	GNP ULTRA COMFORT INSULIN SYRINGE/1ML/30G X 5/16" SHORT.....	99	H-E-B INCONTROL LANCETS MICRO THIN 33G.....	80
GNP INSULIN SYRINGE/0.3ML/30G X 5/16".....	99	GNP ULTRA COMFORT INSULIN SYRINGE/1ML/31G X 5/16" SHORT.....	100	H-E-B INCONTROL LANCETS SUPER THIN 30G.....	80
GNP INSULIN SYRINGE/0.3ML/31G X 5/16".....	99	GOLYTELY.....	72	H-E-B INCONTROL LANCETS ULTRA THIN 28G.....	80
GNP INSULIN SYRINGE/0.5ML/28G X 1/2"	99	GOODSENSE COLOR LANCETS MICRO-THIN 33G UNIVERSAL.....	80	H-E-B INCONTROL PEN NEEDLES 29GX12MM.....	100
GNP INSULIN SYRINGE/0.5ML/29G X 1/2"	99	GOODSENSE LANCETS MICRO-THIN 33G.....	80	H.P. ACTHAR.....	64
GNP INSULIN SYRINGE/0.5ML/30G X 5/16".....	99	GOODSENSE LANCETS MICRO-THIN 33G UNIVERSAL.....	80	HAEMOLANCE.....	80
GNP INSULIN SYRINGE/0.5ML/31G X 5/16".....	99	GOODSENSE LANCETS ULTRA-THIN 26G UNIVERSAL.....	80	HAEMOLANCE LOW FLOW LANCETS.....	80
GNP LANCETS.....	80	GOODSENSE LANCETS ULTRA-THIN 30G.....	80	HAEMOLANCE PLUS.....	80
GNP LANCETS 21G.....	80	GOODSENSE LANCING DEVICE.....	80	HAEMOLANCE PLUS HIGH FLOW.....	80
GNP LANCETS MICRO THIN 33G.....	80	granisetron hcl.....	24	HAEMOLANCE PLUS LOW FLOW.....	80
GNP LANCETS SUPER THIN 30G.....	80			HAEMOLANCE PLUS MAX FLOW.....	80
GNP LANCETS THIN.....	80			HAEMOLANCE PLUS PEDIATRIC FLOW.....	80
GNP LANCETS THIN 26G.....	80			HALAVEN.....	38
				HALCION.....	71
				HALDOL.....	40
				HALDOL DECANOATE 100.....	40
				HALDOL DECANOATE 50.....	40
				halobetasol propionate.....	60

HALOG.....	60	HM OMEPRAZOLE.....	133	IBUDONE.....	8
haloperidol.....	40	HORIZANT.....	130	ibuprofen.....	4,5
haloperidol decanoate.....	40	HUMATROPE.....	65	IDAMYCIN PFS.....	36
haloperidol lactate.....	40	HUMATROPE COMBO		idarubicin hcl.....	36
HARVONI.....	44	PACK.....	65	IFEX.....	33
HEALTH CARE LANCING		HUMIRA.....	4	ifosfamide.....	33
DEVICE.....	80	HUMIRA PEDIATRIC CROHNS		ILEVRO.....	126
HEALTHWISE LANCETS		DISEASE STARTER PACK.3		imatinib mesylate.....	36
30G.....	80	HUMIRA PEN.....	3	IMBRUVICA.....	36
HEALTHWISE LANCING		HUMIRA PEN-CD/UC/HS		imipenem-cilastatin.....	11
PEN.....	80	STARTER.....	4	imipramine hcl.....	22
HEALTHWISE MINI PEN		HUMIRA PEN-PS/UV		imipramine pamoate.....	22
NEEDLES 31GX6MM.....	100	STARTER.....	4	imiquimod.....	61
HEALTHWISE PEN NEEDLES		HUMULIN R U-500		IMITREX.....	118
29GX12MM.....	100	(CONCENTRATED).....	23	IMITREX STATDOSE	
HEALTHWISE SHORT PEN		HY-VEE LANCETS.....	80	REFILL.....	118
NEEDLES 31GX8MM.....	100	HY-VEE THIN LANCETS..	80	IMITREX STATDOSE	
HEALTHWISE UNIFINE		HYCAMTIN.....	38	SYSTEM.....	118
PENTIPS PEN NEEDLES		hydralazine hcl.....	31	IMODIUM A-D.....	24
32GX4MM.....	100	HYDREA.....	37	IMPAVIDO.....	10
HEALTHY ACCENTS AUTOLET		hydrochlorothiazide.....	63	IMURAN.....	121
IMPRESSION LANCING		HYDROCODONE		IN TOUCH LANCING	
DEVICE.....	80	BITARTRATE/GUAIFENESIN		DEVICE.....	80
HEALTHY ACCENTS UNIFINE		53	IN TOUCH STERILE	
PENTIPS PEN NEEDLES		hydrocodone-		LANCETS30G.....	80
29GX12MM.....	100	acetaminophen.....	8	INCRELEX.....	65
HEALTHY ACCENTS UNIFINE		hydrocodone-ibuprofen.....	8	INCRUSE ELLIPTA.....	13
PENTIPS PEN NEEDLES		hydrocortisone.....	52	indapamide.....	63
31GX5MM.....	100	hydrocortisone (intrarectal)	10	INDERAL LA.....	46
HEALTHY ACCENTS UNIFINE		hydrocortisone (rectal).....	10	indomethacin.....	5
PENTIPS PEN NEEDLES		hydrocortisone (topical).....	60	INFLECTRA.....	68
31GX6MM.....	100	hydrocortisone acetate		INLYTA.....	36
HEALTHY ACCENTS UNIFINE		(rectal).....	10	INSPIRA.....	31
PENTIPS PEN NEEDLES		hydrocortisone butyrate.....	60	INSULIN SYRINGE/0.3ML/29G X	
31GX8MM.....	100	hydrocortisone valerate.....	60	1".....	100
HEALTHY ACCENTS UNILET		hydrocortisone w/acetic		INSULIN SYRINGE/0.3ML/29G X	
LANCETS SUPER THIN		acid.....	127	1/2".....	100
30G.....	80	hydromorphone hcl.....	6	INSULIN SYRINGE/0.3ML/30G X	
HECTOROL.....	65	HYDROMORPHONE		5/16".....	100
HEMANGEOL.....	46	HYDROCHLORIDE.....	6	INSULIN SYRINGE/0.3ML/31G X	
heparin sod (porcine) in d5w.	16	hydroxychloroquine sulfate	32	5/16".....	100
heparin sodium (porcine).....	16	hydroxyurea.....	37	INSULIN SYRINGE/0.3ML/27G X	
HEPARIN SODIUM/NACL		hydroxyzine hcl.....	12	1/2".....	100
0.45%.....	16	HYDROXYZINE		INSULIN SYRINGE/0.5ML/28G X	
HEPSERA.....	44	PAMOATE.....	12	1/2".....	100
HERCEPTIN.....	34	hydroxyzine pamoate.....	12	INSULIN SYRINGE/0.5ML/30G X	
HETLIOZ.....	72	HYPER-SAL.....	53	1/2".....	100
HEXALEN.....	33	HYPERSAL.....	53	INSULIN SYRINGE/0.5ML/30G X	
HIGH SENSATION		HYQVIA.....	127	5/16".....	100
SPERMICIDAL.....	74	HYZAAR.....	30	INSULIN SYRINGE/0.5ML/31G X	
HIPREX.....	134	ibandronate sodium.....	64	5/16".....	100
HIZENTRA.....	127				

INSULIN SYRINGE/1ML/28G X 1/2".....	100	INSULIN SYRINGES/1ML/28GX1/2".....	101	ISENTRESS HD.....	42
INSULIN SYRINGE/1ML/29G X 1/2".....	100	INSULIN SYRINGES/1ML/29GX1/2".....	101	ISOLYTE-P/DEXTROSE 5%.....	119
INSULIN SYRINGE/1ML/30G X 5/16".....	100	INSULIN SYRINGES/1ML/30GX1/2".....	101	ISOLYTE-S.....	119
INSULIN SYRINGE/NEEDLE 0.3ML/30G X 5/16".....	101	INSULIN SYRINGES/1ML/31GX5/16".....	101	ISONIAZID.....	33
INSULIN SYRINGE/NEEDLE 0.3ML/31G X 5/16".....	101	INSUPEN 29G X 12MM.....	101	isoniazid.....	33
INSULIN SYRINGE/NEEDLE 0.5ML/29G X 1/2".....	101	INSUPEN 31G X 5MM.....	101	ISOPTO CARPINE.....	124
INSULIN SYRINGE/NEEDLE 0.5ML/30G X 5/16".....	101	INSUPEN 31G X 8MM.....	101	ISORDIL TITRADOSE.....	12
INSULIN SYRINGE/NEEDLE 0.5ML/31G X 5/16".....	101	INSUPEN 32G X 4MM.....	101	isosorbide dinitrate.....	12
INSULIN SYRINGE/NEEDLE 1ML/29G X 1/2".....	101	INSUPEN PEN NEEDLES 32GX4MM.....	101	ISOSORBIDE DINITRATE ER.....	12
INSULIN SYRINGE/NEEDLE 1ML/30G X 5/16".....	101	INSUPEN SENSITIVE 32GX6MM.....	101	isosorbide mononitrate.....	12
INSULIN SYRINGE/NEEDLE 1ML/31G X 5/16".....	101	INSUPEN ULTRAFIN 29GX12MM.....	101	isotretinoin.....	54
INSULIN SYRINGE/U-100/0.3ML/29G X 1/2".....	101	INSUPEN ULTRAFIN 30GX8MM.....	102	isradipine.....	46
INSULIN SYRINGE/U-100/0.5ML/28G X 1/2".....	101	INSUPEN ULTRAFIN 31GX6MM.....	102	ISTODAX (OVERFILL).....	36
INSULIN SYRINGE/U-100/0.5ML/29G X 1/2".....	101	INSUPEN ULTRAFIN 31GX8MM.....	102	itraconazole.....	26
INSULIN SYRINGE/U-100/1ML/28G X 1/2".....	101	INTELENCE.....	42	ivermectin.....	10
INSULIN SYRINGE/U-100/1ML/29G X 1/2".....	101	INTENSE SENSATION.....	74	IXEMPRA KIT.....	38
INSULIN SYRINGE/U-100/1ML/30G X 5/16".....	101	INTRON A.....	37	JADENU.....	24
INSULIN SYRINGE/U-100/1ML/31G X 5/16".....	101	INTRON A W/DILUENT.....	37	JADENU SPRINKLE.....	24
INSULIN SYRINGES/0.5ML/27GX1/2".....	101	INTUNIV.....	2	JAKAFI.....	36
INSULIN SYRINGES/0.5ML/28GX1/2".....	101	INVANZ.....	11	JANUVIA.....	23
INSULIN SYRINGES/0.5ML/29GX1/2".....	101	INVEGA.....	40	JARDIANCE.....	24
INSULIN SYRINGES/0.5ML/30GX5/16".....	101	INVIRASE.....	42	JEVTANA.....	38
INSULIN SYRINGES/0.5ML/31GX5/16".....	101	INVOKAMET.....	22	JUBLIA.....	56
INSULIN SYRINGES/1ML/27GX1/2".....	101	INVOKANA.....	24	JULUCA.....	42
INSULIN SYRINGES/1ML/27GX1/2".....	101	IONOSOL-B/DEXTROSE 5%.....	119	JYNARQUE.....	66
INSULIN SYRINGES/1ML/27GX1/2".....	101	IONOSOL-MB/DEXTROSE 5%.....	119	K-TAB.....	120
INSULIN SYRINGES/1ML/27GX1/2".....	101	IOPIDINE.....	124	KADIAN.....	6
INSULIN SYRINGES/1ML/27GX1/2".....	101	ipratropium bromide.....	13	KALETRA.....	42
INSULIN SYRINGES/1ML/27GX1/2".....	101	ipratropium bromide (nasal).....	123	KALYDECO.....	130
INSULIN SYRINGES/1ML/27GX1/2".....	101	ipratropium-albuterol.....	14	KAMELEON LUBRICATED.....	74
INSULIN SYRINGES/1ML/27GX1/2".....	101	irbesartan.....	29	KAPVAY.....	2
INSULIN SYRINGES/1ML/27GX1/2".....	101	irbesartan-hydrochlorothiazide.....	30	KAYEXALATE.....	122
INSULIN SYRINGES/1ML/27GX1/2".....	101	irinotecan hcl.....	38	KCL 0.3%/D5W/NACL 0.9%.....	119
INSULIN SYRINGES/1ML/27GX1/2".....	101	irrigation solutions, physiological.....	121	KEFLEX.....	48
INSULIN SYRINGES/1ML/27GX1/2".....	101	ISENTRESS.....	42	KENALOG-40.....	52
				KEPIVANCE.....	37
				KEPPRA.....	17
				KEPPRA XR.....	17
				KERYDIN.....	56
				KETEK.....	11
				KETOCARE.....	62
				ketoconazole.....	26
				ketoconazole (topical).....	56
				KETONE TEST STRIPS.....	62

ketoprofen.....	5	KROGER INSULIN		LAMICTAL CHEWABLE	
ketorolac tromethamine.....	5	SYRINGE/0.3ML/31G X		DISPERSIBLE.....	17
ketorolac tromethamine		5/16".....	102	LAMICTAL ODT.....	17
(ophth).....	126	KROGER INSULIN		LAMISIL.....	26
KETOSTIX.....	62	SYRINGE/0.5ML/29G X		lamivudine.....	42
ketotifen fumarate (ophth).....	126	1/2".....	102	lamivudine (hbv).....	44
KEVEYIS.....	63	KROGER INSULIN		lamivudine-zidovudine.....	42
KIMONO COLORS.....	74	SYRINGE/0.5ML/30G X		lamotrigine.....	17
KIMONO LUBRICATED.....	74	5/16".....	102	LANCET DEVICE	
KIMONO MICRO THIN PLUS		KROGER INSULIN		ADJUSTABLE.....	81
SPERMICIDE LUBRICATED.....	74	SYRINGE/0.5ML/31G X		LANCET DEVICE WITH	
KIMONO PLUS SPERMICIDE		5/16".....	102	EJECTOR.....	81
LUBRICATED.....	74	KROGER INSULIN		LANCETS.....	81
KIMONO PLUS		SYRINGE/1ML/29G X		LANCETS 26G TWIST TOP.....	81
SPERMICIDE/LUBRICATED		1/2".....	102	LANCETS 28G.....	81
.....	74	KROGER INSULIN		LANCETS 30G.....	81
KIMONO PS LUBRICATED.....	74	SYRINGE/1ML/30G X		LANCETS 30G TWIST TOP.....	81
KIMONO PS PLUS		5/16".....	102	LANCETS 30G/TWIST TOP.....	81
SPERMICIDE/LUBRICATED		KROGER INSULIN		LANCETS 31G TWIST TOP.....	81
.....	74	SYRINGE/1ML/31G X		LANCETS 33G UNIVERSAL	
KIMONO SENSATION		5/16".....	102	DESIGN.....	81
LUBRICATED.....	74	KROGER LANCETS.....	81	LANCETS MICRO THIN	
KIMONO SENSATION PLUS		KROGER LANCETS 21G.....	81	33G.....	81
SPERMICIDE LUBRICATED.....	74	KROGER LANCETS MICRO		LANCETS SAFETY SEAL	
KIMONO SPECIAL.....	74	THIN33G.....	81	21G.....	81
KINERET.....	4	KROGER LANCETS SUPER		LANCETS SAFETY SEAL	
KINNEY LANCETS.....	81	THIN.....	81	26G.....	81
KINNEY THIN LANCETS.....	81	KROGER LANCETS THIN.....	81	LANCETS SAFETY SEAL	
KINRAY INSULIN SYRINGE		KROGER LANCETS THIN		28G.....	81
PREFERRED PLUS/0.3ML/31G		26G.....	81	LANCETS SAFETY SEAL	
X 5/16".....	102	KROGER LANCETS		30G.....	81
KINRAY INSULIN SYRINGE		ULTRATHIN30G.....	81	LANCETS SUPER THIN	
PREFERRED PLUS/0.5ML/31G		KROGER LANCING		28G.....	81
X 5/16".....	102	DEVICE.....	81	LANCETS THIN.....	81
KINRAY INSULIN SYRINGE		KROGER PEN NEEDLES 29G		LANCETS TWIST TOP.....	81
PREFERRED PLUS/1ML/31G X		X12MM.....	102	LANCETS ULTRA FINE.....	81
5/16".....	102	KROGER PEN NEEDLES 31G		LANCETS ULTRA THIN.....	81
KINRAY INSULIN		X8MM.....	102	LANCETS ULTRA THIN	
SYRINGE/0.5ML/29G X		KROGER PEN NEEDLES		30G.....	81
1/2".....	102	31GX1/4".....	102	LANCETS BULLSEYE	
KLARON.....	54	KUVAN.....	65	SAFETY.....	81
KLONOPIN.....	16	KYLEENA.....	51	LANCING DEVICE.....	81
KLOR-CON M15.....	120	KYPROLIS.....	36	LANCING DEVICE	
KLS OMEPRAZOLE.....	133	labetalol hcl.....	45	ADJUSTABLE.....	81
KMART VALU PLUS INSULIN		LAC-HYDRIN.....	61	LANOXIN.....	47
SYRINGE/1ML/29G.....	102	LAC-HYDRIN TWELVE.....	61	lansoprazole.....	133
KMART VALU PLUS INSULIN		LACRISERT.....	124	lanthanum carbonate.....	68
SYRINGE/1ML/30G.....	102	lactated ringer's.....	119	LANZO.....	81
KROGER INSULIN		lactated ringer's		LASIX.....	63
SYRINGE/0.3ML/29G X		(irrigation).....	121	LASTACFT.....	126
1/2".....	102	lactic acid (ammonium		latanoprost.....	126
KROGER INSULIN		lactate).....	61	LATUDA.....	39
SYRINGE/0.3ML/30G X		lactulose.....	72		
5/16".....	102	lactulose (encephalopathy).....	68		
		LAMICTAL.....	17		

LEADER ADVANCED LANCING DEVICE	81	leucovorin calcium	37	LINCOCIN	11
LEADER INSULIN SYRINGE/0.3ML/29G X 1/2"	102	LEUKERAN	33	lincomycin hcl	11
LEADER INSULIN SYRINGE/0.3ML/30G X 5/16"	102	LEUKINE	70	lindane	62
LEADER INSULIN SYRINGE/0.3ML/31G X 5/16"	102	leuprolide acetate	35	LINDANE	62
LEADER INSULIN SYRINGE/0.5ML/28G X 1/2"	102	levabuterol hcl	14	linezolid	11
LEADER INSULIN SYRINGE/0.5ML/29G X 1/2"	102	LEVAQUIN	67	LINZESS	68
LEADER INSULIN SYRINGE/0.5ML/30G X 5/16"	102	LEVEMIR	23	liothyronine sodium	131
LEADER INSULIN SYRINGE/0.5ML/31G X 5/16"	102	LEVEMIR FLEXTOUCH	23	LIPITOR	28
LEADER INSULIN SYRINGE/1ML/28G X 1/2"	102	levetiracetam	17	lisinopril	29
LEADER INSULIN SYRINGE/1ML/29G X 1/2"	102	levobunolol hcl	124	lisinopril & hydrochlorothiazide	30
LEADER INSULIN SYRINGE/1ML/30G X 5/16"	102	levocetirizine dihydrochloride	27	LITE TOUCH LANCETS	81
LEADER INSULIN SYRINGE/1ML/31G X 5/16"	102	levofloxacin	67	LITE TOUCH LANCING PEN	81
LEADER UNIFINE PENTIPS PLUS/MINI/31GX3/16"	103	levofloxacin (ophth)	124	LITE TOUCH PEN NEEDLES/31G X 3/16"	103
LEADER UNIFINE PENTIPS PLUS/SHORT/31GX5/16"	103	levofloxacin in d5w	67	LITETOUCH INSULIN SYRINGE/0.3ML/29G X 1/2"	103
LEADER UNIFINE PENTIPS/MINI/31GX3/16"	103	levonorgestrel & eth estradiol	49	LITETOUCH INSULIN SYRINGE/0.3ML/30G X 5/16"	103
LEADER UNIFINE PENTIPS/NANO/32GX5/32"	103	levonorgestrel (emergency oc)	51	LITETOUCH INSULIN SYRINGE/0.3ML/31G X 5/16"	103
LEADER UNIFINE PENTIPS/PLUS/32GX5/32"	103	levonorgestrel-eth estradiol (triphasic)	50	LITETOUCH INSULIN SYRINGE/0.5ML/30G X 5/16"	103
leflunomide	5	levonorgestrel-eth estradiol (91-day)	50	LITETOUCH INSULIN SYRINGE/0.5ML/31G X 5/16"	103
LENVIMA 10 MG DAILY DOSE	36	levonorgestrel-ethinyl estradiol (continuous)	50	LITETOUCH INSULIN SYRINGE/1ML/30G X 5/16"	103
LENVIMA 14 MG DAILY DOSE	36	LEVORPHANOL TARTRATE	7	LITETOUCH INSULIN SYRINGE/U-100/0.5ML/28G X 1/2"	103
LENVIMA 20 MG DAILY DOSE	36	LEVOTHYROXINE SODIUM	131	LITETOUCH INSULIN SYRINGE/U-100/0.5ML/29G X 1/2"	103
LENVIMA 24 MG DAILY DOSE	36	levothyroxine sodium	131	LITETOUCH INSULIN SYRINGE/U-100/1ML/28G X 1/2"	103
LETAIRIS	48	LEXAPRO	20	LITETOUCH INSULIN SYRINGE/U-100/1ML/29G X 1/2"	103
letrozole	35	LEXIVA	42	LITETOUCH INSULIN SYRINGE/U-100/1ML/31G X 5/16"	103
leucovorin calcium	37	LIALDA	68	LITETOUCH LANCETS MICRO THIN 33G	81
LEUCOVORIN CALCIUM	37	LIBERTY MEDICAL LANCETS 30G	81	LITETOUCH PEN NEEDLES 29GX12.7MM	103
		LIBERTY MINI LANCING DEVICE	81	LITETOUCH PEN NEEDLES 31G X 6MM	103
		LIBRAX	132		
		lidocaine	61		
		lidocaine hcl	61		
		LIDOCAINE HCL	122		
		lidocaine hcl (local anesth.)	72		
		lidocaine hcl (mouth-throat)	122		
		lidocaine-prilocaine	61		
		LIDODERM	61		
		LIFESCAN UNISTIK 2 DEEP PENETRATION	81		
		LIFESCAN UNISTIK II LANCETS	81		
		LILETTA	51		

LITETOUCH PEN NEEDLES 31GX8MM SHORT	103	LOTREL	31	MAGELLAN INSULIN SAFETY SYRINGE/U-100/1ML/29G X 1/2"	103
LITHIUM	39	LOTRIMIN AF	56	MAGELLAN INSULIN SAFETY SYRINGE/U-100/1ML/30G X 5/16"	103
lithium carbonate	39	LOTRIMIN AF FOR HER	56	magnesium sulfate	120
LITHIUM CARBONATE	39	LOTRIMIN AF JOCK ITCH	56	MAGNESIUM SULFATE	120
lithium carbonate	39	LOTRIMIN ULTRA	56	MALARONE	32
LITHOBID	39	LOTRISONE	56	malathion	62
LIVALO	28	LOTRONEX	68	MAPROTILINE HCL	19
LIVE BETTER ADVANCED LANCING DEVICE	81	lovastatin	28	MARATHON MEDICAL PENTIPS29GX12MM	103
LIVE BETTER LANCET SUPERTHIN 30G	82	LOVAZA	27	MARATHON MEDICAL PENTIPS31GX5MM	104
LIVE BETTER LANCET ULTRATHIN 28G	82	LOVENOX	16	MARATHON MEDICAL PENTIPS31GX8MM	104
LO LOESTRIN FE	50	loxapine succinate	40	MARATHON MEDICAL PENTIPS32GX4MM	104
LOCOID	60	LUCEMYRA	128	MARINOL	25
LODINE	5	LULICONAZOLE	56	MARPLAN	20
LODOSYN	38	LUMIGAN	126	MATULANE	37
LOESTRIN 1.5/30-21	50	LUMIZYME	65	MAVIK	29
LOESTRIN 1/20-21	50	LUNESTA	71	MAVYRET	44
LOESTRIN FE 1.5/30	50	LUPANETA PACK	65	MAXALT	118
LOESTRIN FE 1/20	50	LUPRON DEPOT (1- MONTH)	35	MAXALT-MLT	118
LOFIBRA	28	LUPRON DEPOT (3- MONTH)	35	MAXI-COMFORT INSULIN SYRINGE/U- 100/0.5ML/28GX1/2"	104
LOMOTIL	24	LUPRON DEPOT (4- MONTH)	35	MAXI-COMFORT INSULIN SYRINGE/U-100/1ML/28GX1/2"	104
LONGS INSULIN SYRINGE/0.5ML/31G X 5/16"	103	LUPRON DEPOT (6- MONTH)	35	MAXIDEX	125
LONGS LANCETS STANDARD	82	LUPRON DEPOT (1- MONTH)	65	MAXIPIME	49
LONGS LANCETS THIN	82	LUPRON DEPOT (3- MONTH)	65	MAXITROL	125
LONGS LANCETS ULTRA THIN	82	LUXIQ	60	MAXX LUBRICATED	74
loperamide hcl	24	LUZU	56	MAXX PLUS SPERMICIDE LUBRICATED	74
LOPID	28	LYNPARZA	36	MAXZIDE	63
lopinavir-ritonavir	42	LYRICA	17	MAXZIDE-25	63
LOPRESSOR	45	LYRICA CR	130	meclizine hcl	25
LOPROX	56	LYSODREN	35	MECLOFENAMATE SODIUM 5	
LOPROX SHAMPOO	56	LYSTEDA	71	MEDIC INSULIN SYRINGE/0.3ML/30G X 5/16"	104
loratadine	27	MACROBID	134	MEDIC INSULIN SYRINGE/0.5ML/30G X 5/16"	104
loratadine & pseudoephedrine	53	MACRODANTIN	134	MEDICHOICE PRE-SET SAFETY LANCET DUAL USE	82
lorazepam	12,13	mafenide acetate	58		
LORTAB	8	MAGELLAN INSULIN SAFETY SYRINGE/U-100/0.3ML/29G X 1/2"	103		
losartan potassium	29	MAGELLAN INSULIN SAFETY SYRINGE/U-100/0.3ML/30G X 5/16"	103		
losartan potassium & hydrochlorothiazide	30	MAGELLAN INSULIN SAFETY SYRINGE/U-100/0.5ML/29G X 1/2"	103		
LOSEASONIQUE	50	MAGELLAN INSULIN SAFETY SYRINGE/U-100/0.5ML/30G X 5/16"	103		
LOTEMAX	125				
LOTENSIN	29				
LOTENSIN HCT	31				

MEDICHOICE PRE-SET SAFETY LANCET LOW FLOW	82	MEIJER COLOR LANCETS UNIVERSAL 33G	82	METHADONE HCL	7
MEDICHOICE PRE-SET SAFETY LANCET MEDIUM FLOW	82	MEIJER LANCETS	82	methadone hcl	7
MEDICHOICE PRE-SET SAFETY LANCET MODERATE FLOW	82	MEIJER LANCETS THIN	82	METHADONE HCL	7
MEDICHOICE SAFETY LANCETEXTRA	82	MEIJER LANCETS UNIVERSAL21G	82	methadone hcl	7
MEDICHOICE SAFETY LANCETNORMAL	82	MEIJER LANCETS UNIVERSAL30G	82	METHADOSE	7
MEDICINE SHOPPE PEN NEEDLES 29G X 12MM	104	MEIJER LANCETS UNIVERSAL33G	82	METHADOSE SUGAR-FREE	7
MEDICINE SHOPPE PEN NEEDLES 31G X 6MM	104	MEIJER PEN NEEDLES 29G X12MM	104	methamphetamine hcl	1
MEDICINE SHOPPE PEN NEEDLES 31G X 8MM	104	MEIJER PEN NEEDLES 31G X6MM	104	methazolamide	63
MEDISENSE THIN LANCETS	82	MEIJER PEN NEEDLES 31G X8MM	104	methenamine hippurate	134
MEDLANCE PLUS EXTRA LANCETS 21G	82	MEIJER SUPER THIN LANCETS	82	methimazole	131
MEDLANCE PLUS LANCETS	82	MEKINIST	36	METHITEST	9
MEDLANCE PLUS LANCETS LITE 25G	82	MEKTOVI	36	methocarbamol	122
MEDLANCE PLUS LANCETS LITE 25G	82	meloxicam	5	METHOTREXATE SODIUM	34
MEDLANCE PLUS LANCETS LITE 25G	82	melphalan	33	methotrexate sodium	34
MEDLANCE PLUS LANCETS LITE 25G	82	melphalan hcl	33	methoxsalen rapid	58
MEDLANCE PLUS LANCETS LITE 25G	82	memantine hcl	129	methscopolamine bromide	132
MEDLANCE PLUS LANCETS LITE 25G	82	MENACTRA	134	METHYLCLOTHIAZIDE	63
MEDLANCE PLUS LANCETS LITE 25G	82	MENEST	67	methyl dopa	30
MEDLANCE PLUS LANCETS LITE 25G	82	MENOMUNE-A/C/Y/W-135	134	METHYLDOPATE HCL	30
MEDLANCE PLUS LANCETS LITE 25G	82	MENOSTAR	67	METHYLIN	2
MEDLANCE PLUS LANCETS LITE 25G	82	MENTAX	56	methylphenidate hcl	2
MEDLANCE PLUS LANCETS LITE 25G	82	MENVEO	134	METHYLPHENIDATE HCL ER	2
MEDLANCE PLUS LANCETS LITE 25G	82	meperidine hcl	7	METHYLPHENIDATE HYDROCHLORIDE ER	2,3
MEDLANCE PLUS LANCETS LITE 25G	82	MEPERIDINE HCL	7	methylprednisolone	52
MEDLANCE PLUS LANCETS LITE 25G	82	meperidine hcl	7	methylprednisolone acetate	52
MEDLANCE PLUS LANCETS LITE 25G	82	meprobamate	12	methylprednisolone sod succ	52
MEDLANCE PLUS LANCETS LITE 25G	82	MEPRON	10	METIPRANOLOL	124
MEDLANCE PLUS LANCETS LITE 25G	82	mercaptopurine	34	metoclopramide hcl	68
MEDLANCE PLUS LANCETS LITE 25G	82	meropenem	11	metolazone	63
MEDLANCE PLUS LANCETS LITE 25G	82	MERREM	11	metoprolol succinate	45
MEDLANCE PLUS LANCETS LITE 25G	82	mesalamine	68	metoprolol tartrate	45,46
MEDLANCE PLUS LANCETS LITE 25G	82	MESTINON	32	METROCREAM	61
MEDLANCE PLUS LANCETS LITE 25G	82	MESTINON TIMESPAN	32	METROGEL	61
MEDLANCE PLUS LANCETS LITE 25G	82	METADATE CD	2	METROGEL-VAGINAL	137
MEDLANCE PLUS LANCETS LITE 25G	82	METAPROTERENOL SULFATE	14	METROLOTION	61
MEDLANCE PLUS LANCETS LITE 25G	82	metaxalone	122	metronidazole	10
MEDLANCE PLUS LANCETS LITE 25G	82	metformin hcl	23	metronidazole (topical)	61
MEDLANCE PLUS LANCETS LITE 25G	82	methadone hcl	7	metronidazole vaginal	137
MEDLANCE PLUS LANCETS LITE 25G	82	METHADONE HCL	7	MEVACOR	28
MEDLANCE PLUS LANCETS LITE 25G	82	methadone hcl	7	mexiletine hcl	13
MEDLANCE PLUS LANCETS LITE 25G	82			MIACALCIN	64
MEDLANCE PLUS LANCETS LITE 25G	82			MICARDIS	29
MEDLANCE PLUS LANCETS LITE 25G	82			MICARDIS HCT	31
MEDLANCE PLUS LANCETS LITE 25G	82			MICONAZOLE 3	137

MICRO-K.....	120	modafinil.....	3	MONOJECT INSULIN	
MICROLET LANCETS.....	82	MODERIBA 1200 DOSE		SYRINGE/U-100/0.5ML/30G X	
MICROLET NEXT.....	82	PACK.....	44	5/16".....	105
MICROTAINER SAFETY FLOW		MODERIBA 800 DOSE		MONOJECT INSULIN	
LANCET/STERILE/SINGLE-USE		PACK.....	44	SYRINGE/U-100/1ML/28G X	
.....	82	MODICON.....	50	1/2".....	105
MICROZIDE.....	63	moexipril hcl.....	29	MONOJECT INSULIN	
midodrine hcl.....	137	mometasone furoate.....	60	SYRINGE/U-100/1ML/30G X	
miglitol.....	22	mometasone furoate		5/16".....	105
miglustat.....	70	(nasal).....	123	MONOJECT INSULIN	
MILLIPRED.....	52	MONISTAT SOOTHING CARE		SYRINGE/REGULAR LUER	
MILLIPRED DP.....	52	ITCH RELIEF.....	60	TIP/SOFTPACK/1ML.....	105
MINASTRIN 24 FE.....	50	MONODOX.....	131	MONOJECT ULTRA COMFORT	
MINI LANCING DEVICE.....	82	MONOJECT INSULIN		INSULIN SYRINGE/0.3ML/29G X	
MINIPRESS.....	30	SYRINGE/1ML.....	104	1/2".....	105
MINIVELLE.....	67	MONOJECT INSULIN		MONOJECT ULTRA COMFORT	
MINOCIN.....	131	SYRINGE/1ML/31G X		INSULIN SYRINGE/0.3ML/30G X	
minocycline hcl.....	131	5/16".....	104	5/16".....	105
minoxidil.....	31	MONOJECT INSULIN		MONOJECT ULTRA COMFORT	
MIRAPEX.....	38,39	SYRINGE/DETACH		INSULIN SYRINGE/0.5ML/28G X	
MIRCERA.....	70	NEEDLE/1ML/25G X 5/8".....	104	1/2".....	105
MIRCETTE.....	50	MONOJECT INSULIN		MONOJECT ULTRA COMFORT	
MIRENA.....	51	SYRINGE/DETACH		INSULIN SYRINGE/0.5ML/29G X	
mirtazapine.....	19	NEEDLE/1ML/27G X 1/2".....	104	1/2".....	105
MIRVASO.....	62	MONOJECT INSULIN		MONOJECT ULTRA COMFORT	
misoprostol.....	134	SYRINGE/PERM		INSULIN SYRINGE/0.5ML/30G X	
mitomycin.....	36	NEEDLE/1ML/28G X 1/2".....	104	5/16".....	105
mitoxantrone hcl.....	36	MONOJECT INSULIN		MONOJECT ULTRA COMFORT	
MM INSULIN SYRINGE/U-		SYRINGE/PERM NEEDLE/U-		INSULIN SYRINGE/0.5ML/31G X	
100/0.3ML/30G X 5/16".....	104	100/0.5ML/28G X 1/2".....	104	5/16".....	105
MM INSULIN SYRINGE/U-		MONOJECT INSULIN		MONOJECT ULTRA COMFORT	
100/0.3ML/31G X 5/16".....	104	SYRINGE/SAFETY/PERM		INSULIN SYRINGE/1ML/28G X	
MM INSULIN SYRINGE/U-		NEEDLE/0.3ML/29G X		1/2".....	105
100/1/2ML/30G X 5/16".....	104	1/2".....	104	MONOJECT ULTRA COMFORT	
MM INSULIN SYRINGE/U-		MONOJECT INSULIN		INSULIN SYRINGE/1ML/29G X	
100/1/2ML/31G X 5/16".....	104	SYRINGE/SAFETY/PERM		1/2".....	105
MM INSULIN SYRINGE/U-		NEEDLE/0.3ML/29GX1/2".....	104	MONOJECT ULTRA COMFORT	
100/1ML/30G X 5/16".....	104	MONOJECT INSULIN		INSULIN SYRINGE/1ML/30G X	
MM INSULIN SYRINGE/U-		SYRINGE/SAFETY/PERM		5/16".....	105
100/1ML/31G X 5/16".....	104	NEEDLE/0.5ML/29G X		MONOLET LANCETS.....	82
MM LANCING DEVICE.....	82	1/2".....	104	MONOLET OPD LANCETS.....	82
MM PEN NEEDLES 31G X		MONOJECT INSULIN		MONOLETTOR SAFETY	
1/4".....	104	SYRINGE/SAFETY/PERM		LANCETS.....	82
MM PEN NEEDLES 31G X		NEEDLE/1ML/29G X 1/2".....	105	montelukast sodium.....	13
3/16".....	104	MONOJECT INSULIN		MONUROL.....	134
MM PEN NEEDLES 31G X		SYRINGE/SOFTPACK/1ML/27		MOORE MED MONOJECT	
5/16".....	104	G X 1/2".....	105	INSULIN SYRINGE/U-	
MM PEN NEEDLES 32G X		MONOJECT INSULIN		100/0.5ML/28G X 1/2".....	105
5/32".....	104	SYRINGE/SOFTPACK/U-		MOORE MED MONOJECT	
MM TWIST LANCETS.....	82	100/0.5ML/28G X 1/2".....	105	INSULIN SYRINGE/U-	
MOBIC.....	5	MONOJECT INSULIN		100/0.5ML/29G X 1/2".....	105
		SYRINGE/U-100/0.3ML/30G X		MOORE MED MONOJECT	
		5/16".....	105	INSULIN SYRINGE/U-	
		MONOJECT INSULIN		100/0.5ML/28G X 1/2".....	105
		SYRINGE/U-100/0.5ML/28G X			
		1/2".....	105		

MOORE MED MONOJECT		
INSULIN SYRINGE/U-		
100/1ML/29G X 1/2"	105	
morphine sulfate	7	
MOTOFEN	24	
MOVIPREP	72	
MOXEZA	124	
moxifloxacin hcl	67	
moxifloxacin hcl (ophth)	124	
moxifloxacin hcl in sodium chloride	67	
MOZOBIL	71	
MPD SAFETY LANCET		
21G/1.8MM	83	
MPD SAFETY LANCET		
28G/1.8MM	83	
MPD SAFETY LANCET		
30G/1.8MM	83	
MPD SAFETY LANCETS		
23G/1.8MM	83	
MS CONTIN	7	
MS INSULIN		
SYRINGE/0.3ML/31G X		
5/16"	105	
MS INSULIN		
SYRINGE/0.5ML/31G X		
5/16"	105	
MS INSULIN SYRINGE/1ML/31G		
X 5/16"	105	
MULTAQ	13	
MULTI-LANCET DEVICE	83	
mupirocin	55	
mupirocin calcium (topical)	55	
MUSTARGEN	33	
MYALEPT	65	
MYAMBUTOL	33	
MYCAMINE	25	
MYCOBUTIN	33	
mycophenolate mofetil	121	
mycophenolate mofetil hcl	121	
mycophenolate sodium	121	
MYDRIACYL	124	
MYFORTIC	121	
MYGLUCOHEALTH MGH		
SOFTLANCE LANCETS		
30G	83	
MYLERAN	33	
MYRBETRIQ	134	
MYSOLINE	17	
nabumetone	5	
nadolol	46	
nafcillin sodium	128	
naftifine hcl	56	
NAFTIN	56	
NAGLAZYME	66	
nalbuphine hcl	9	
NALFON	5	
naloxone hcl	24	
naltrexone hcl	24	
NAMENDA	129	
NAMENDA TITRATION		
PAK	129	
NAPROSYN	5	
naproxen	5	
naproxen sodium	5	
naratriptan hcl	119	
NARCAN	24	
NARDIL	20	
NASACORT ALLERGY		
24HR	123	
NASACORT ALLERGY 24HR		
CHILDRENS	123	
NASONEX	123	
NATACYN	124	
NATAZIA	50	
nateglinide	23	
NATROBA	62	
NATURE-THROID	131	
NAVELBINE	38	
NEBUPENT	10	
NEBUSAL	53	
NECON 1/50-28	50	
NECON 10/11-28	50	
NEFAZODONE HCL	21	
nefazodone hcl	21	
NEFAZODONE		
HYDROCHLORIDE	21	
NEO-SYNALAR	55	
neomycin sulfate	3	
neomycin-bacitracin zn-		
polymyxin	124	
neomycin-polymy-		
dexameth	125	
neomycin-polymyxin-hc		
(otic)	127	
NEOMYCIN/POLYMYXIN/HYD		
ROCORTISONE	125	
NEORAL	121	
NEPTAZANE	63	
NETGROUP LANCETS	83	
NEULASTA	70	
NEULASTA ONPRO KIT	70	
NEUPOGEN	70	
NEUPRO	39	
NEURONTIN	17	
NEVANAC	126	
nevirapine	42	
NEXAVAR	36	
NEXIUM	133	
NEXIUM 24HR	133	
NEXPLANON	51	
niacin	138	
niacin (antihyperlipidemic)	29	
NIACIN TR	138	
niacinamide	138	
NIASPAN	29	
nicardipine hcl	46	
NICODERM CQ	130	
NICORETTE	130	
NICORETTE MINI	130	
NICORETTE STARTER		
KIT	130	
nicotine	130	
nicotine polacrilex	130	
NICOTINE TRANSDERMAL		
SYSTEM	130	
NICOTROL INHALER	130	
NICOTROL NS	130	
nifedipine	46	
NILANDRON	35	
nilutamide	35	
nimodipine	47	
NINLARO	36	
NIPENT	37	
nisoldipine	47	
NISOLDIPINE ER	47	
NITRO-BID	12	
NITRO-DUR	12	
nitrofurantoin	134	
nitrofurantoin macrocrystal	134	
nitrofurantoin monohyd		
macro	134	
nitroglycerin	12	
NITROGLYCERIN	12	
nitroglycerin	12	
NITROSTAT	12	
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NORCO.....	8	NOVOLOG PENFILL.....	23	ON CALL LANCING	
NORDITROPIN FLEXPRO..	65	NOVOTWIST 32GX5MM.	106	DEVICE.....	83
norethin acet & estrad-fe....	50	NOXAFIL.....	26	ON CALL PLUS LANCETS..	83
norethindrone & eth estradiol	50	NPLATE.....	70	ON CALL PLUS LANCING	
norethindrone & ethinyl estradiol-		NUCALA.....	13	DEVICE.....	83
fe.....	50	NUCYNTA.....	7	ONCASPAR.....	37
norethindrone		NUCYNTA ER.....	7	ondansetron.....	25
(contraceptive).....	51	NUDEXTA.....	130	ondansetron hcl.....	24,25
norethindrone acet & eth		NULOJIX.....	121	ONETOUCH CLUB LANCETS	
estra.....	50	NUTROPIN AQ NUSPIN		FINE POINT.....	83
norethindrone acetate.....	128	10.....	65	ONETOUCH COMBO PACK	83
norethindrone acetate-ethinyl		NUVARING.....	51	ONETOUCH DELICA LANCETS	
estradiol.....	66	NUVIGIL.....	3	EXTRA FINE 33G.....	83
norethindrone acetate-ethinyl		nystatin.....	26	ONETOUCH DELICA LANCETS	
estradiol-fe.....	50	nystatin (mouth-throat)...	122	FINE 30G.....	83
norethindrone-eth estradiol		nystatin (topical).....	56	ONETOUCH DELICA LANCING	
(triphasic).....	50	nystatin-triamcinolone....	56	DEVICE.....	83
norgestimate-ethinyl		OBREDON.....	53	ONETOUCH FINEPOINT	
estradiol.....	50	OCREVUS.....	129	LANCETS.....	83
norgestimate-ethinyl estradiol		octreotide acetate.....	66	ONETOUCH ULTRASOFT	
(triphasic).....	50	OCUFEN.....	126	LANCETS.....	83
norgestrel & ethinyl estradiol		OCUFLOX.....	125	ONFI.....	16
50		ODEFSEY.....	42	ONGLYZA.....	23
NORINYL 1+35.....	50	ODOMZO.....	34	OPANA.....	7
NORMOSOL-M IN D5W....	119	OFEV.....	131	OPSUMIT.....	48
NORMOSOL-R.....	119	OFLOXACIN.....	67	ORAP.....	130
NORPACE.....	13	ofloxacin.....	67	ORAPRED ODT.....	52
NORPRAMIN.....	22	ofloxacin (ophth).....	125	ORENCIA.....	5
nortriptyline hcl.....	22	ofloxacin (otic).....	126	ORENITRAM.....	47
NORTRIPTYLINE HCL.....	22	OGESTREL.....	50	ORFADIN.....	66
NORVASC.....	47	olanzapine.....	40	ORKAMBI.....	130
NORVIR.....	42	olmesartan medoxomil....	29	orphenadrine citrate....	122
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TESTSTRIPS.....	62	amlodipine-hydrochlorothiazide		ORTHO TRI-CYCLEN.....	50
NOVA SAFETY LANCETS		31	ORTHO TRI-CYCLEN LO...	50
23G.....	83	olmesartan medoxomil-		ORTHO-CYCLEN.....	50
NOVA SAFETY LANCETS		hydrochlorothiazide.....	31	ORTHO-NOVUM 1/35.....	50
28G.....	83	olopatadine hcl.....	126	ORTHO-NOVUM 7/7/7.....	50
NOVA SUREFLEX		olopatadine hcl (nasal)...	123	oseltamivir phosphate....	45
LANCETS.....	83	OLUX.....	60	OSMOPREP.....	72
NOVA SUREFLEX LANCING		omega-3-acid ethyl esters..	27	OSPHERA.....	65
DEVICE.....	83	omeprazole.....	133	OTEZLA.....	5
NOVAREL.....	64	OMEPRAZOLE.....	133	OTOVEL.....	127
NOVOFINE 30GX8MM....	106	omeprazole magnesium...	133	OVCON-35.....	50
NOVOFINE 32GX6MM....	106	OMNIFLEX DIAPHRAGM..	74	OVIDE.....	62
NOVOFINE AUTOCOVER		OMNIPRED.....	125	oxacillin sodium.....	128
30GX8MM.....	106			oxaliplatin.....	33
NOVOFINE PLUS				OXANDRIN.....	9
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oxandrolone.....	9	PC LANCETS SUPER THIN 30G.....	83	PENICILLIN G PROCAINE.....	127
oxaprozin.....	5	PC UNIFINE PENTIPS 29G X1/2".....	106	PENICILLIN G SODIUM.....	127
oxazepam.....	13	PC UNIFINE PENTIPS 31G X5MM MINI.....	106	penicillin v potassium.....	127
oxcarbazepine.....	17	PC UNIFINE PENTIPS 31G X6MM ULTRA SHORT.....	106	PENICILLIN V POTASSIUM.....	127
oxiconazole nitrate.....	56	PC UNIFINE PENTIPS 31G X8MM SHORT.....	106	penicillin v potassium.....	127
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OXSORALEN ULTRA.....	58	peg 3350-kcl-sod bicarb-sod chloride-sod sulfate.....	72	PENTAM 300.....	10
oxybutynin chloride.....	134	PEG-INTRON REDIPEN.....	44	pentazocine w/ naloxone.....	9
oxycodone hcl.....	7	PEGANONE.....	18	PENTIPS 29G X 12MM.....	106
OXYCODONE HCL ER.....	7	PEGASYS.....	44	PENTIPS 29GX12MM.....	106
oxycodone w/ acetaminophen	8	PEGASYS PROCLICK.....	44	PENTIPS 31G X 5MM.....	106
OXYCODONE/ACETAMINOPHE N.....	8	PEGINTRON.....	44	PENTIPS 31G X 8MM.....	106
OXYCODONE/IBUPROFEN.....	9	PEN NEEDLES 29G X 12MM.....	106	PENTIPS 31GX5MM.....	106
OXYCONTIN.....	7	PEN NEEDLES 29GX1/2".....	106	PENTIPS 31GX6MM.....	106
oxymorphone hcl.....	7	PEN NEEDLES 30GX5/16".....	106	PENTIPS 31GX8MM.....	106
OXYMORPHONE HYDROCHLORIDE ER.....	7	PEN NEEDLES 30GX8MM.....	106	PENTIPS 32G X 4MM.....	106
paclitaxel.....	38	PEN NEEDLES 31G X 1/4" SHORT.....	106	PENTIPS 32GX4MM.....	106
PACLITAXEL.....	38	PEN NEEDLES 31G X 3/16".....	106	pentoxifylline.....	70
paliperidone.....	40	PEN NEEDLES 31G X 5MM.....	106	PEPCID.....	132
palonosetron hcl.....	25	PEN NEEDLES 31G X 6MM.....	106	PEPCID AC MAXIMUM STRENGTH.....	132
PALONOSETRON HYDROCHLORIDE.....	25	PEN NEEDLES 31G X 8MM.....	106	PERCOCET.....	9
PAMELOR.....	22	PEN NEEDLES 31GX5/16".....	106	PERFECT LANCETS 30G.....	83
pamidronate disodium.....	64	PEN NEEDLES 31GX6MM (1/4").....	106	PERFECT PRESSURE ACTIVATED SAFETY LANCETS 28G.....	83
PAMIDRONATE DISODIUM.....	64	PEN NEEDLES 31GX8MM.....	106	PERIDEX.....	122
PANCREAZE.....	62	PEN NEEDLES 31GX8MM (5/16").....	106	perindopril erbumine.....	29
PANOXYL-4 CREAMY WASH.....	55	PEN NEEDLES 32G X 4MM.....	106	PERJETA.....	34
PANRETIN.....	57	PEN NEEDLES 32G X 5MM.....	106	permethrin.....	62
pantoprazole sodium.....	133	PEN NEEDLES 32G X 6MM.....	106	perphenazine.....	41
PARAFON FORTE DSC.....	122	PEN NEEDLES 32GX4MM.....	106	PERPHENAZINE/AMITRIPTYLIN E.....	129
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PARNATE.....	20			PHARMACIST CHOICE ULTRA THIN LANCETS 31G.....	83
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paroxetine hcl.....	20			PHARMACY COUNTER LANCETS.....	83
PASER.....	33			phenazopyridine hcl.....	69
PATADAY.....	126			phendimetrazine tartrate.....	1
PATANASE.....	123			phenelzine sulfate.....	20
PATANOL.....	126			PHENERGAN.....	27
PAXIL.....	20,21				
PAXIL CR.....	20				

phenobarbital.....	71	POTASSIUM CHLORIDE		PRECISION THINS GP	
phenoxybenzamine hcl.....	29	ER.....	120	LANCET.....	83
phentermine hcl.....	2	potassium chloride in		PRECISION ULTRA	
PHENYTEK.....	18	dextrose.....	120	LANCET.....	83
phenytoin.....	19	potassium chloride in dextrose		PRECISION XTRA.....	62
phenytoin sodium.....	19	& sodium chloride.....	120	PRECOSE.....	22
phenytoin sodium extended.....	19	potassium chloride in		PRED FORTE.....	125
PHOSLYRA.....	69	nacl.....	120	PRED MILD.....	125
PHOSPHOLINE IODIDE.....	124	potassium chloride		prednicarbate.....	60
PHOTOFRIN.....	37	microencapsulated crystals		prednisolone.....	52
PICATO.....	57	er.....	120	prednisolone acetate	
pilocarpine hcl.....	124	POTASSIUM		(ophth).....	125
pilocarpine hcl (oral).....	122	CHLORIDE/DEXTROSE.....	120	PREDNISOLONE SODIUM	
pimozide.....	130	POTASSIUM		PHOSPHATE.....	52
pindolol.....	46	CHLORIDE/DEXTROSE/LACT		prednisolone sodium	
pioglitazone hcl.....	23	ATED RINGERS.....	120	phosphate.....	52
pioglitazone hcl-glimepiride.....	22	potassium citrate		PREDNISOLONE SODIUM	
pioglitazone hcl-metformin		(alkalinizer).....	69	PHOSPHATE.....	125
hcl.....	22	POTASSIUM		PREDNISONE.....	52
piperacillin sodium-tazobactam		PHOSPHATES.....	120	prednisone.....	52
sodium.....	128	potassium phosphates.....	120	PREDNISONE.....	52
PIPERACILLIN/TAZOBACTAM		POTIGA.....	17	PREFERRED PLUS INSULIN	
.....	128	PRADAXA.....	16	SYRINGE/U-100/0.3ML/29G X	
piroxicam.....	5	pramipexole		1/2".....	107
PLAN B ONE-STEP.....	51	dihydrochloride.....	39	PREFERRED PLUS INSULIN	
PLAQUENIL.....	32	PRANDIN.....	23	SYRINGE/U-100/0.3ML/30G X	
PLASMA-LYTE A.....	120	prasugrel hcl.....	70	5/16".....	107
PLASMA-LYTE-148.....	120	PRAVACHOL.....	28	PREFERRED PLUS INSULIN	
PLASMA-LYTE-56/D5W.....	120	pravastatin sodium.....	28	SYRINGE/U-100/0.5ML/28G X	
PLAVIX.....	70	praziquantel.....	10	1/2".....	107
PLEGRIDY.....	129	prazosin hcl.....	30	PREFERRED PLUS INSULIN	
PLEGRIDY STARTER		PRECISION SURE-DOSE		SYRINGE/U-100/0.5ML/29G X	
PACK.....	129	INSULIN SYRINGE/0.3ML/30G		1/2".....	107
PNEUMOVAX 23.....	135	X 5/16".....	106	PREFERRED PLUS INSULIN	
PNEUMOVAX 23/1 DOSE.....	135	PRECISION SURE-DOSE		SYRINGE/U-100/0.5ML/30G X	
podofilox.....	61	INSULIN SYRINGE/0.5ML/28G		5/16".....	107
polymyxin b sulfate.....	12	X 1/2".....	106	PREFERRED PLUS INSULIN	
polymyxin b-trimethoprim.....	125	PRECISION SURE-DOSE		SYRINGE/U-100/1ML/28G X	
POLYTRIM.....	125	INSULIN SYRINGE/0.5ML/29G		1/2".....	107
POMALYST.....	35	X 1/2".....	106	PREFERRED PLUS INSULIN	
PONSTEL.....	5	PRECISION SURE-DOSE		SYRINGE/U-100/1ML/29G X	
potassium acetate.....	120	INSULIN SYRINGE/0.5ML/30G		1/2".....	107
potassium bicarb & chloride.....	120	X 3/8".....	106	PREFERRED PLUS INSULIN	
potassium bicarbonate.....	120	PRECISION SURE-DOSE		SYRINGE/U-100/1ML/30G X	
potassium chloride.....	120	INSULIN SYRINGE/1ML/28G X		5/16".....	107
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potassium chloride.....	120	PRECISION SURE-DOSE		COLOR 21G.....	83
		PLUSINSULIN		PREFERRED PLUS LANCETS	
		SYRINGE/0.3ML/29G X		SUPER THIN 30G.....	83
		1/2".....	107	PREFERRED PLUS LANCETS	
		PRECISION SURE-DOSE		THIN 26G.....	83
		PLUSINSULIN		PREFERRED PLUS UNIFINE	
		SYRINGE/1ML/29G X		PENTIPS 29G X 12MM.....	107
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SURMONTIL	22	TECHLITE INSULIN SYRINGEU-100/0.3ML/30G X 1/2"	111	TEKTURNA	31
SUSTIVA	43	TECHLITE INSULIN SYRINGEU-100/0.3ML/30G X 5/16"	111	telmisartan	29
SUTENT	36	TECHLITE INSULIN SYRINGEU-100/0.3ML/31G X 5/16"	111	telmisartan-amlodipine	31
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SYLATRON	37	TECHLITE INSULIN SYRINGEU-100/0.5ML/30G X 1/2"	111	temazepam	71
SYMBICORT	15	TECHLITE INSULIN SYRINGEU-100/0.5ML/30G X 5/16"	111	TEMODAR	33
SYMFI	43	TECHLITE INSULIN SYRINGEU-100/0.5ML/31G X 5/16"	111	TEMOVATE	60
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SYMLINPEN 120	22	TECHLITE INSULIN SYRINGEU-100/1ML/29G X 1/2"	111	temozolomide	33
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SYNALAR	60	TECHLITE INSULIN SYRINGEU-100/1ML/30G X 5/16"	111	TENEX	30
SYNAREL	65	TECHLITE INSULIN SYRINGEU-100/1ML/31G X 5/16"	111	TENIPOSIDE	38
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tamoxifen citrate	35			tetracycline hcl	131
tamsulosin hcl	69			TETRACYCLINE HCL	131
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NEEDLES 31GX5/16".....	116	100/0.5ML/31GX5/16".....	117
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ULTRA-COMFORT INSULIN		29GX1/2".....	THIN33G.....
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SYRINGE/U-100/1ML/30G X		31GX5MM.....	25G.....
5/16".....	116	UNIFINE PENTIPS	87
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			UNISTIK SAFETY LANCETS
			28G.....
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			LANCETS 23G.....
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SYRINGE/U-100/0.5ML/28G X	5/16".....117	VIIBRYD.....21
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1/2".....117	VASOTEC.....29	VISTARIL.....12
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WALGREENS LANCETS	88	XODOL	9	ziprasidone hcl	39
WALGREENS THIN LANCETS	88	XOLAIR	13	ZIRGAN	125
WALGREENS ULTRA THIN LANCETS	88	XOPENEX	15	ZITHROMAX	72,73
warfarin sodium	15	XOPENEX CONCENTRATE	15	ZITHROMAX TRI-PAK	73
water for irrigation, sterile	121	XTANDI	35	ZITHROMAX Z-PAK	73
WEGMANS UNIFINE PENTIPS PLUS 32GX4MM	118	XULANE	51	ZOCOR	29
WEGMANS UNIFINE PENTIPS PLUS/MINI/31GX5MM	118	XULTOPHY 100/3.6	22	ZOFRAN	25
WEGMANS UNIFINE PENTIPS PLUS/SHORT/31GX8MM	118	XYLOCAINE	72	ZOFRAN ODT	25
WEGMANS UNIFINE PENTIPS PLUS/ULTRA SHORT/31GX6MM	118	XYLOCAINE-MPF	72	ZOHYDRO ER	8
WELCHOL	28	XYREM	128	ZOLADEX	35
WELLBUTRIN SR	19	XYZAL	27	zoledronic acid	64
WELLBUTRIN XL	19,20	XYZAL ALLERGY 24HR	27	ZOLEDRONIC ACID	64
WESTCORT	61	XYZAL ALLERGY 24HR CHILDRENS	27	zoledronic acid	64
WIDE-SEAL SILICONE DIAPHRAGM KIT 60	75	YASMIN 28	51	ZOLEDRONIC ACID	64
WIDE-SEAL SILICONE DIAPHRAGM KIT 65	75	YAZ	51	ZOLINZA	37
WIDE-SEAL SILICONE DIAPHRAGM KIT 70	75	YERVOY	34	zolmitriptan	119
WIDE-SEAL SILICONE DIAPHRAGM KIT 75	75	ZADITOR	126	ZOLOFT	21
WIDE-SEAL SILICONE DIAPHRAGM KIT 75	75	zafirlukast	13	zolpidem tartrate	72
WIDE-SEAL SILICONE DIAPHRAGM KIT 80	75	zaleplon	71	ZOMACTON	65
WIDE-SEAL SILICONE DIAPHRAGM KIT 85	75	ZALTRAP	34	ZOMETA	64
WIDE-SEAL SILICONE DIAPHRAGM KIT 90	75	ZANAFLEX	122	ZOMIG	119
WIDE-SEAL SILICONE DIAPHRAGM KIT 95	75	ZANOSAR	34	ZOMIG ZMT	119
WP THYROID	132	ZANTAC	133	ZONALON	57
XALATAN	126	ZANTAC 150 MAXIMUM STRENGTH	133	ZONEGRAN	18
XALKORI	37	ZARONTIN	19	zonisamide	18
XANAX	13	ZARXIO	71	ZONTIVITY	70
XANAX XR	13	ZAVESCA	70	ZORBTIVE	65
XARELTO	15	ZEBETA	46	ZORTRESS	121
XELJANZ	4	ZELBORAF	37	ZOSTAVAX	137
XELJANZ XR	4	ZEMAIRA	130	ZOSYN	128
XELODA	34	ZEMPLAR	66	ZOVIRAX	45,58
XENAZINE	129	ZENPEP	62	ZYBAN	130
XEOMIN	123	ZERIT	43	ZYDELIG	37
XGEVA	64	ZESTORETIC	31	ZYFLO CR	14
		ZESTRIL	29	ZYKADIA	37
		ZETIA	29	ZYLOPRIM	69
		ZIAC	31	ZYMAXID	125
		ZIAGEN	43	ZYPREXA	41
		ZIANA	55	ZYPREXA ZYDIS	41
		zidovudine	44	ZYRTEC ALLERGY	27
		zileuton	14	ZYRTEC CHILDRENS ALLERGY	27
		ZINACEF	48	ZYRTEC-D ALLERGY/CONGESTION	53
				ZYTIGA	35

ZYVOX..... 12



Spanish:	Si usted, o alguien a quien está ayudando, tiene preguntas acerca de Ambetter de Superior HealthPlan, tiene derecho a obtener ayuda e información en su idioma sin costo alguno. Para hablar con un intérprete, llame al 1-877-687-1196 (Relay Texas/TTY 1-800-735-2989).
Vietnamese:	Nếu quý vị, hay người mà quý vị đang giúp đỡ, có câu hỏi về Ambetter from Superior HealthPlan, quý vị sẽ có quyền được giúp và có thêm thông tin bằng ngôn ngữ của mình miễn phí. Để nói chuyện với một thông dịch viên, xin gọi 1-877-687-1196 (Relay Texas/TTY 1-800-735-2989).
Chinese:	如果您，或是您正在協助的對象，有關於 Ambetter from Superior HealthPlan 方面的問題，您有權利免費以您的母語得到幫助和訊息。如果要與一位翻譯員講話，請撥電話 1-877-687-1196 (Relay Texas/TTY 1-800-735-2989)。
Korean:	만약 귀하 또는 귀하가 돕고 있는 어떤 사람이 Ambetter from Superior HealthPlan 에 관해서 질문이 있다면 귀하는 그러한 도움과 정보를 귀하의 언어로 비용 부담없이 얻을 수 있는 권리가 있습니다. 그렇게 통역사와 얘기하기 위해서는 1-877-687-1196 (Relay Texas/TTY 1-800-735-2989) 로 전화하십시오.
Arabic:	إذا كان لديك أو لدى شخص تساعد أسئلة حول Ambetter from Superior HealthPlan ، لديك الحق في الحصول على المساعدة والمعلومات الضرورية بلغتك من دون أية تكلفة. للتحدث مع مترجم اتصل بـ 1-877-687-1196 (Relay Texas/TTY 1-800-735-2989).
Urdu:	اگر Ambetter from Superior HealthPlan کے بارے میں آپ، یا جن کی آپ مدد کر رہے ہیں ان کے سوالات ہوں تو، آپ کو بلا معاوضہ اپنی زبان میں مدد اور معلومات حاصل کرنے کا حق ہے۔ کسی مترجم سے بات کرنے کے لیے، 1-877-687-1196 (Relay Texas/TTY 1-800-735-2989) پر کال کریں۔
Tagalog:	Kung ikaw, o ang iyong tinutulongan, ay may mga katanungan tungkol sa Ambetter from Superior HealthPlan, may karapatan ka na makakuha nang tulong at impormasyon sa iyong wika ng walang gastos. Upang makausap ang isang tagasalin, tumawag sa 1-877-687-1196 (Relay Texas/TTY 1-800-735-2989).
French:	Si vous-même ou une personne que vous aidez avez des questions à propos d'Ambetter from Superior HealthPlan, vous avez le droit de bénéficier gratuitement d'aide et d'informations dans votre langue. Pour parler à un interprète, appelez le 1-877-687-1196 (Relay Texas/TTY 1-800-735-2989).
Hindi:	आप या जिसकी आप मदद कर रहे हैं उनके, Ambetter from Superior HealthPlan के बारे में कोई सवाल हों, तो आपको बिना किसी खर्च के अपनी भाषा में मदद और जानकारी प्राप्त करने का अधिकार है। किसी दुभाषिये से बात करने के लिए 1-877-687-1196 (Relay Texas/TTY 1-800-735-2989) पर कॉल करें।
Persian:	اگر شما، یا کسی که به او کمک می کنید سوالی در مورد Ambetter from Superior HealthPlan دارید، از این حق برخوردارید که کمک و اطلاعات را بصورت رایگان به زبان خود دریافت کنید. برای صحبت کردن با مترجم با شماره 1-877-687-1196 (Relay Texas/TTY 1-800-735-2989) تماس بگیرید.
German:	Falls Sie oder jemand, dem Sie helfen, Fragen zu Ambetter from Superior HealthPlan hat, haben Sie das Recht, kostenlose Hilfe und Informationen in Ihrer Sprache zu erhalten. Um mit einem Dolmetscher zu sprechen, rufen Sie bitte die Nummer 1-877-687-1196 (Relay Texas/TTY 1-800-735-2989) an.
Gujarati:	જે તમને અથવા તમે જેમની મદદ કરી રહ્યા હોય તેમને, Ambetter from Superior HealthPlan વિશે કોઈ પ્રશ્ન હોય તો તમને, કોઈ ખર્ચ વિના તમારી ભાષામાં મદદ અને માહિતી પ્રાપ્ત કરવાનો અધિકાર છે. દુભાષિયા સાથે વાત કરવા માટે 1-877-687-1196 (Relay Texas/TTY 1-800-735-2989) ઉપર કોલ કરો.
Russian:	В случае возникновения у вас или у лица, которому вы помогаете, каких-либо вопросов о программе страхования Ambetter from Superior HealthPlan вы имеете право получить бесплатную помощь и информацию на своем родном языке. Чтобы поговорить с переводчиком, позвоните по телефону 1-877-687-1196 (Relay Texas/TTY 1-800-735-2989).
Japanese:	Ambetter from Superior HealthPlan について何かご質問がございましたらご連絡ください。ご希望の言語によるサポートや情報を無料でご提供いたします。通訳が必要な場合は、1-877-687-1196 (Relay Texas/TTY 1-800-735-2989) までお電話ください。
Laotian:	ຖ້າທ່ານ ຫຼືຄົນທີ່ທ່ານກຳລັງຊ່ວຍເຫຼືອ ມີຄຳຖາມກ່ຽວກັບ Ambetter from Superior HealthPlan, ທ່ານມີສິດທີ່ຈະໄດ້ຮັບການຊ່ວຍເຫຼືອແລະຂໍ້ມູນ ຂ່າວສານທີ່ເໝາະສົມຂອງທ່ານ ໂດຍບໍ່ມີຄ່າໃຊ້ຈ່າຍ. ເພື່ອຈະເວົ້າກັບນາຍພາສາ, ໃຫ້ໂທຫາ 1-877-687-1196 (Relay Texas/TTY 1-800-735-2989).

