



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

2022 Prescription Drug List

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Ambetter.SunshineHealth.com

Formulary Introduction

FORMULARY

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

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

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

Drug List Key:

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

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

Tier 0 - No copayment for those drugs that are used for prevention and are mandated by the Affordable Care Act. Select oral contraceptives, vitamin D, folic acid for women of child bearing age, over-the-counter (OTC) aspirin, and smoking cessation products may be covered under this tier. Certain age limits may apply.

Tier 1_A - Lowest copayment for select drugs that offer the greatest value compared to other drugs used to treat similar conditions. Select over-the-counter (OTC) drugs may be covered under this tier.

Tier 1_B - Low copayment for those drugs that offer great value compared to other drugs used to treat similar conditions. Select over-the-counter (OTC) 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 - High copayment covers higher cost brand name and non-preferred generic drugs. This tier may also cover non-specialty drugs that are not on the Prescription Drug List but approval has been granted for coverage.

Tier 4 - Highest copayment is for “specialty” drugs used to treat complex, chronic conditions that may require special handling, storage or clinical management. Prescription drugs covered under the specialty tier require fulfillment at a pharmacy that participates in Ambetter's "specialty" or "hemophilia" networks. For additional information on which pharmacies are within our "specialty" or "hemophilia" networks, please consult Ambetter website's pharmacy information section.

Prior Authorization for Non-Formulary Drugs

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

Formulary Abbreviations:

Abbreviation	Term	What it means
AL	Age Limit	Some drugs are only covered for certain ages.
QL	Quantity Limit	Some drugs are only covered for a certain amount.
PA	Prior Authorization	Your doctor must ask for approval from Ambetter before some drugs will be covered.
ST	Step Therapy	In some cases, you must first try certain drugs before Ambetter covers another drug for your medical condition. For example, if Drug A and Drug B both treat your medical condition, Ambetter may not cover Drug B unless you try Drug A first.
NF	Non-formulary	This product is not covered unless you or your provider request an exception. Alternative medications are listed next to non-covered product
RX/OTC	Prescription and OTC	These drugs are made in both prescription form and Over-the-counter (OTC) form.
SF	Split Fill	Initially, certain medications may only be available in 15-day-supply increments until you are stabilized on the medication. After you have been taking the medication for 90 days, this restriction may no longer apply.

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

Drug Name	Drug Tier	Requirements/ Limits
amphetamine-dextroamphetamine cp24 5 mg-5 mg-5 mg-5 mg, 6.25 mg-6.25 mg-6.25 mg-6.25 mg, 7.5 mg-7.5 mg-7.5 mg-7.5 mg	1B	QL(2 ea daily)
amphetamine-dextroamphetamine tabs 1.25 mg-1.25 mg-1.25 mg-1.25 mg, 1.875 mg-1.875 mg-1.875 mg-1.875 mg, 2.5 mg-2.5 mg-2.5 mg-2.5 mg, 3.125 mg-3.125 mg-3.125 mg-3.125 mg, 3.75 mg-3.75 mg-3.75 mg-3.75 mg, 5 mg-5 mg-5 mg-5 mg	1B	QL(3 ea daily)
amphetamine-dextroamphetamine tabs 7.5 mg-7.5 mg-7.5 mg-7.5 mg	1B	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	1B	QL(4 ea daily)
dextroamphetamine sulfate cp24 5 mg	1B	
dextroamphetamine sulfate tabs 10 mg, 5 mg	1B	QL(4 ea daily)
methamphetamine hcl tabs	3	QL(5 ea daily); AL(At least 6 yrs old)
VYVANSE CAPS 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG, 70 MG	3	ST; QL(1 ea daily)
Anorexiants Non-Amphetamine		
ADIPEX-P CAPS (Use phentermine hcl)	NF	PA
phendimetrazine tartrate tabs 35 mg	1B	PA

Drug Name	Drug Tier	Requirements/ Limits
<i>phentermine hcl caps 15 mg, 30 mg, 37.5 mg</i>	1B	PA
Anti-Obesity Agents		
CONTRACE TB12	3	PA; QL(4 ea daily)
Attention-Deficit/Hyperactivity Disorder (ADHD)		
<i>atomoxetine hcl caps 10 mg, 25 mg, 40 mg, 18 mg</i>	1B	QL(2 ea daily); AL(At least 6 yrs old)
<i>atomoxetine hcl caps 60 mg, 100 mg, 80 mg</i>	1B	QL(1 ea daily); AL(At least 6 yrs old)
<i>clonidine hcl (adhd) tb12</i>	1B	
<i>guanfacine hcl (adhd) tb24</i>	1B	QL(1 ea daily); AL(At least 6 yrs old)
INTUNIV TB24 (<i>Use guanfacine hcl (adhd)</i>)	NF	QL(1 ea daily); AL(At least 6 yrs old)
KAPVAY TB12 (<i>Use clonidine hcl (adhd)</i>)	NF	
STRATTERA CAPS 10 MG, 25 MG, 40 MG, 18 MG (<i>Use atomoxetine hcl</i>)	NF	QL(2 ea daily); AL(At least 6 yrs old)
STRATTERA CAPS 60 MG, 100 MG, 80 MG (<i>Use atomoxetine hcl</i>)	NF	QL(1 ea daily); AL(At least 6 yrs old)
Dopamine and Norepinephrine Reuptake		
SUNOSI TABS 150 MG	3	PA; QL(1 ea daily)
SUNOSI TABS 75 MG	3	PA; QL(2 ea daily)
Stimulants - Misc.		
<i>armodafinil tabs</i>	1B	PA; QL(1 ea daily); AL(At least 17 yrs old)
CONCERTA TBCR 18 MG, 27 MG (<i>Use methylphenidate hcl</i>)	NF	QL(1 ea daily); AL(At least 6 yrs old)
CONCERTA TBCR 36 MG, 54 MG (<i>Use methylphenidate hcl</i>)	NF	QL(2 ea daily); AL(At least 6 yrs old)
DAYTRANA PTCH	3	PA; QL(1 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
<i>dexmethylphenidate hcl cp24 35 mg, 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 40 mg, 5 mg</i>	1B	QL(1 ea daily)
<i>dexmethylphenidate hcl tabs 2.5 mg, 10 mg, 5 mg</i>	1B	QL(2 ea daily); AL(At least 6 yrs old)
FOCALIN TABS (<i>Use dexmethylphenidate hcl</i>)	NF	QL(2 ea daily); AL(At least 6 yrs old)
FOCALIN XR CP24 (<i>Use dexmethylphenidate hcl</i>)	NF	QL(1 ea daily)
METHYLIN SOLN (<i>Use methylphenidate hcl</i>)	NF	QL(30 ml daily); AL(At least 6 yrs old)
<i>methylphenidate hcl cp24 20 mg, 40 mg</i>	1B	AL(At least 6 yrs old)
<i>methylphenidate hcl cp24 30 mg</i>	1B	QL(3 ea daily); AL(At least 6 yrs old)
<i>methylphenidate hcl cpcr 40 mg, 10 mg, 20 mg, 30 mg, 50 mg, 60 mg</i>	1B	QL(1 ea daily); AL(At least 6 yrs old)
<i>methylphenidate hcl soln 10 mg/5ml, 5 mg/5ml</i>	1B	QL(30 ml daily); AL(At least 6 yrs old)
<i>methylphenidate hcl tabs 10 mg, 20 mg</i>	1B	QL(5 ea daily); AL(At least 6 yrs old)
<i>methylphenidate hcl tabs 5 mg</i>	1B	QL(6 ea daily); AL(At least 6 yrs old)
<i>methylphenidate hcl tbcR 10 mg, 20 mg</i>	1B	QL(3 ea daily); AL(At least 6 yrs old)
<i>methylphenidate hcl tbcR 18 mg, 27 mg</i>	1B	QL(1 ea daily); AL(At least 6 yrs old)
<i>methylphenidate hcl tbcR 36 mg, 54 mg</i>	1B	QL(2 ea daily); AL(At least 6 yrs old)
<i>modafinil tabs 100 mg</i>	1B	PA; QL(1 ea daily); AL(At least 16 yrs old)

Drug Name	Drug Tier	Requirements/ Limits
<i>modafinil tabs 200 mg</i>	1B	PA; QL(2 ea daily); AL(At least 16 yrs old)
NUVIGIL TABS (<i>Use armodafinil</i>)	NF	PA; QL(1 ea daily); AL(At least 17 yrs old)
PROVIGIL TABS 100 MG (<i>Use modafinil</i>)	NF	PA; QL(1 ea daily); AL(At least 16 yrs old)
PROVIGIL TABS 200 MG (<i>Use modafinil</i>)	NF	PA; QL(2 ea daily); AL(At least 16 yrs old)
RITALIN LA CP24 20 MG, 40 MG (<i>Use methylphenidate hcl</i>)	NF	AL(At least 6 yrs old)
RITALIN LA CP24 30 MG (<i>Use methylphenidate hcl</i>)	NF	QL(3 ea daily); AL(At least 6 yrs old)
RITALIN TABS 10 MG, 20 MG (<i>Use methylphenidate hcl</i>)	NF	QL(5 ea daily); AL(At least 6 yrs old)
RITALIN TABS 5 MG (<i>Use methylphenidate hcl</i>)	NF	QL(6 ea daily); AL(At least 6 yrs old)
ALLERGENIC EXTRACTS/BIOLOGICALS MISC		
Allergenic Extracts		
GRASTEK SUBL	3	PA
AMEBICIDES		
Amebicides		
SOLOSEC PACK	3	PA
AMINOGLYCOSIDES - Drugs to Treat Bacterial Infections		
Aminoglycosides		
<i>amikacin sulfate soln</i>	1B	
ARIKAYCE SUSP	4	PA

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

Drug Name	Drug Tier	Requirements/ Limits
HUMIRA PEN-CD/UC/HS STARTER PNKT 80 MG/0.8ML	4	PA; 1 rtl pack lmt amt, 180 rtl pack lmt day(s), 1 mail pack lmt amt, 180 mail pack lmt day(s),
HUMIRA PEN-PEDIATRIC UC STARTER PACK PNKT	4	PA; 1 rtl pack lmt amt, 180 rtl pack lmt day(s), 1 mail pack lmt amt, 180 mail pack lmt day(s),
HUMIRA PEN-PS/UV STARTER PNKT	4	PA; 1 rtl pack lmt amt, 180 rtl pack lmt day(s), 1 mail pack lmt amt, 180 mail pack lmt day(s),
HUMIRA PEN-PS/UV STARTER PNKT	4	PA; QL(0.143 ea daily)
HUMIRA PSKT 10 MG/0.1ML, 40 MG/0.4ML, 40 MG/0.8ML	4	PA; QL(0.143 ea daily)
HUMIRA PSKT 20 MG/0.2ML, 20 MG/0.4ML	4	PA; SL(0.143 ea daily)
Antirheumatic - Enzyme Inhibitors		
RINVOQ TB24 15 MG	4	PA; QL(1 ea daily)
XELJANZ TABS 10 MG	4	PA; QL(2 ea daily)
XELJANZ TABS 5 MG	4	PA; QL(2 ea daily); SP
XELJANZ XR TB24	4	PA; QL(1 ea daily)
Antirheumatic Antimetabolites		
METHOTREXATE TABS	4	PA; QL(1.714 ea daily); SP
Gold Compounds		
RIDAURA CAPS	3	QL(3 ea daily)
Interleukin-1 Blockers		

Drug Name	Drug Tier	Requirements/ Limits
ARCALYST SOLR	4	PA; QL(0.286 ea 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 100 MG, 50 MG, 200 MG (<i>Use celecoxib</i>)	NF	PA; QL(2 ea daily)
CELEBREX CAPS 400 MG (<i>Use celecoxib</i>)	NF	PA; QL(1 ea daily)
<i>celecoxib caps 100 mg, 50 mg, 200 mg</i>	1B	PA; QL(2 ea daily)
<i>celecoxib caps 400 mg</i>	1B	PA; QL(1 ea daily)
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 50 mg</i>	1B	
<i>diclofenac sodium tb24</i>	1B	
<i>diclofenac sodium tbec</i>	1B	
<i>diclofenac w/ misoprostol tbec</i>	1B	
EC-NAPROSYN TBEC 500 MG (<i>Use naproxen</i>)	NF	
<i>etodolac caps 200 mg, 300 mg</i>	1B	
<i>etodolac tabs 400 mg, 500 mg</i>	1B	
FELDENE CAPS (<i>Use piroxicam</i>)	NF	
<i>fenoprofen calcium tabs 600 mg</i>	1B	ST; QL(4 ea daily)
<i>flurbiprofen tabs</i>	1B	

Drug Name	Drug Tier	Requirements/ Limits
<i>ibuprofen susp 100 mg/5ml</i>	1B	RX/OTC
<i>ibuprofen tabs 400 mg, 600 mg</i>	1A	
<i>ibuprofen tabs 800 mg</i>	1B	
<i>indomethacin caps 25 mg, 50 mg</i>	1B	
<i>indomethacin cpcr 75 mg</i>	1B	
<i>ketoprofen caps 50 mg, 75 mg</i>	1B	
<i>ketorolac tromethamine tabs or 10 mg</i>	1B	QL(0.667 ea daily)
LODINE TABS (Use etodolac)	NF	
<i>meclofenamate sodium caps</i>	1B	
<i>mefenamic acid caps</i>	1B	ST; Must try ibuprofen. ;QL(5 ea daily)
<i>meloxicam tabs 15 mg, 7.5 mg</i>	1A	QL(1 ea daily)
MOBIC TABS (Use meloxicam)	NF	QL(1 ea daily)
<i>nabumetone tabs</i>	1B	
NALFON TABS 600 MG (Use fenoprofen calcium)	NF	ST; QL(4 ea daily)
NAPROSYN SUSP 125 MG/5ML (Use naproxen)	NF	PA
NAPROSYN TABS 500 MG (Use naproxen)	NF	
<i>naproxen sodium tabs 550 mg</i>	1B	
<i>naproxen susp 125 mg/5ml</i>	1B	PA
<i>naproxen tabs 250 mg, 375 mg, 500 mg</i>	1B	
<i>naproxen tbec 500 mg</i>	1B	
<i>oxaprozin tabs</i>	1B	
<i>piroxicam caps</i>	1B	
<i>sulindac tabs</i>	1B	

Drug Name	Drug Tier	Requirements/ Limits
<i>tolmetin sodium caps</i>	1B	
<i>tolmetin sodium tabs</i>	1B	
Phosphodiesterase 4 (PDE4) Inhibitors		
OTEZLA TABS	4	PA; QL(2 ea daily)
OTEZLA TBPB	4	PA; 1 rtl pack lmt amt, 180 rtl pack lmt day(s),
Pyrimidine Synthesis Inhibitors		
ARAVA TABS (Use leflunomide)	NF	QL(1 ea daily)
<i>leflunomide tabs</i>	1B	QL(1 ea daily)
Soluble Tumor Necrosis Factor Receptor Agents		
ENBREL MINI SOCT	4	PA; QL(0.15 ml daily)
ENBREL SOLN 25 MG/0.5ML	4	PA; QL(0.146 ml daily)
ENBREL SOLR 25 MG	4	PA; QL(0.286 ea daily); SP
ENBREL SOSY 25 MG/0.5ML	4	PA; QL(0.146 ml daily); SP
ENBREL SOSY 50 MG/ML	4	PA; QL(0.28 ml daily); SP
ENBREL SURECLICK SOAJ	4	PA; QL(0.143 ml daily); SP
ANALGESICS - NonNarcotic - Drugs to Treat Pain, Muscle and Joint Conditions		
Analgesic Combinations		
<i>butalbital-acetaminophen tabs 50 mg-325 mg</i>	1B	
<i>butalbital-acetaminophen-caffeine caps 300 mg-40 mg-50 mg, 40 mg-50 mg-300 mg, 40 mg-50 mg-325 mg</i>	1B	
<i>butalbital-acetaminophen-caffeine tabs 40 mg-50 mg-325 mg</i>	1B	
<i>butalbital-aspirin-caffeine caps</i>	1B	

Drug Name	Drug Tier	Requirements/ Limits
BUTALBITAL/ACETAMINOPHEN CAPS (<i>Use butalbital-acetaminophen</i>)	NF	
ESGIC TABS (<i>Use butalbital-acetaminophen-caffeine</i>)	NF	
FIORICET CAPS (<i>Use butalbital-acetaminophen-caffeine</i>)	NF	
FIORINAL CAPS (<i>Use butalbital-aspirin-caffeine</i>)	NF	
Salicylates		
<i>aspirin chew or 81 mg</i>	0	AL (At least 45 yrs old - Up to 79 yrs old)
<i>aspirin tabs or 325 mg</i>	0	AL (At least 45 yrs old - Up to 79 yrs old)
<i>aspirin tbec or 325 mg</i>	1A	
<i>aspirin tbec or 81 mg</i>	0	AL (At least 45 yrs old - Up to 79 yrs old)
<i>diflunisal tabs</i>	1B	
ECOTRIN REGULAR STRENGTH TBEC (<i>Use aspirin</i>)	NF	
ECOTRIN TBEC (<i>Use aspirin</i>)	NF	
<i>salsalate tabs</i>	1B	
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)
ARYMO ER TBEA	3	QL(3 ea daily)
CODEINE SULFATE TABS 15 MG, 60 MG	1B	New starts limited to 7 day supply
<i>codeine sulfate tabs 30 mg</i>	1B	New starts limited to 7 day supply
CONZIP CP24 (<i>Use tramadol hcl</i>)	NF	

Drug Name	Drug Tier	Requirements/ Limits
DEMEROL SOLN 100 MG/ML, 25 MG/ML, 50 MG/ML (<i>Use meperidine hcl</i>)	NF	
DILAUDID LIQD OR 1 MG/ML (<i>Use hydromorphone hcl</i>)	NF	New starts limited to 7 day supply
DILAUDID SOLN IJ 1 MG/ML, 2 MG/ML (<i>Use hydromorphone hcl</i>)	NF	
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)
DURAGESIC PT72 (<i>Use fentanyl</i>)	NF	QL(0.34 ea daily)
<i>fentanyl citrate lpop bu 1200 mcg, 1600 mcg, 200 mcg, 400 mcg, 600 mcg, 800 mcg</i>	1B	PA; QL(4 ea daily)
<i>fentanyl pt72 td 12 mcg/hr, 100 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr</i>	1B	QL(0.34 ea daily)
FENTORA TABS (<i>Use fentanyl citrate</i>)	NF	
<i>hydrocodone bitartrate cp12 20 mg, 10 mg, 15 mg, 30 mg, 40 mg, 50 mg</i>	1B	PA; QL(2 ea daily)
<i>hydrocodone bitartrate t24a 100 mg, 120 mg, 20 mg, 30 mg, 40 mg, 60 mg, 80 mg</i>	1B	QL(2 ea daily)
<i>hydromorphone hcl liqd or 1 mg/ml</i>	1B	New starts limited to 7 day supply
<i>hydromorphone hcl soln ij 10 mg/ml, 50 mg/5ml, 500 mg/50ml</i>	1B	
<i>hydromorphone hcl tabs or 2 mg, 4 mg, 8 mg</i>	1B	New starts limited to 7 day supply; QL(8 ea daily)
<i>hydromorphone hcl tb24 or 12 mg, 16 mg, 8 mg</i>	1B	PA; QL(2 ea daily)
<i>hydromorphone hcl tb24 or 32 mg</i>	1B	PA; QL(1 ea daily)

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

Drug Name	Drug Tier	Requirements/ Limits
MORPHABOND ER T12A 15 MG	3	PA; QL(3 ea daily)
<i>morphine sulfate cp24 or 100 mg, 20 mg, 30 mg, 50 mg, 60 mg, 80 mg</i>	1B	PA; QL(2 ea daily)
<i>morphine sulfate soln ij 0.5 mg/ml, 1 mg/ml</i>	1B	
<i>morphine sulfate soln or 10 mg/5ml</i>	1B	New starts limited to 7 day supply; QL(100 ml daily)
<i>morphine sulfate soln or 20 mg/5ml</i>	1B	New starts limited to 7 day supply; QL(50 ml daily)
<i>morphine sulfate tabs or 15 mg</i>	1B	New starts limited to 7 day supply; QL(6 ea daily)
<i>morphine sulfate tabs or 30 mg</i>	1B	QL(6 ea daily)
<i>morphine sulfate tbc or 100 mg, 15 mg, 200 mg, 30 mg, 60 mg</i>	1B	QL(2 ea daily)
MS CONTIN TBCR (<i>Use morphine sulfate</i>)	NF	QL(2 ea daily)
NUCYNTA ER TB12	2	PA; QL(2 ea daily)
NUCYNTA TABS	2	PA; QL(6 ea daily)
OPANA TABS (<i>Use oxymorphone hcl</i>)	NF	PA; QL(12 ea daily)
<i>oxycodone hcl t12a 15 mg, 30 mg, 60 mg, 80 mg, 10 mg, 20 mg, 40 mg</i>	3	QL(2 ea daily)
<i>oxycodone hcl tabs 10 mg, 15 mg, 20 mg, 30 mg, 5 mg</i>	1B	New starts limited to 7 day supply; QL(12 ea daily)
<i>oxymorphone hcl tabs 10 mg, 5 mg</i>	1B	PA; QL(12 ea daily)
<i>oxymorphone hcl tb12 10 mg, 15 mg, 20 mg, 30 mg, 5 mg, 7.5 mg</i>	1B	PA; QL(2 ea daily)
<i>oxymorphone hcl tb12 40 mg</i>	1B	PA; QL(4 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
ROXICODONE TABS (<i>Use oxycodone hcl</i>)	NF	New starts limited to 7 day supply; QL(12 ea daily)
ROXYBOND TABA	3	QL(12 ea daily)
SUBSYS LIQD 100 MCG	3	PA; QL(3 ea daily)
SUBSYS LIQD 1200 MCG, 1600 MCG, 200 MCG, 400 MCG, 600 MCG	3	PA; QL(4 ea daily)
SUBSYS LIQD 800 MCG	3	PA; QL(8 ea daily)
<i>tramadol hcl tabs 50 mg</i>	1A	New starts limited to 7 day supply; QL(8 ea daily)
<i>tramadol hcl tb24 100 mg, 200 mg, 300 mg</i>	1B	QL(1 ea daily)
ULTRAM TABS (<i>Use tramadol hcl</i>)	NF	New starts limited to 7 day supply; QL(8 ea daily)
XTAMPZA ER C12A	2	QL(2 ea daily)
ZOHYDRO ER CP12 (<i>Use hydrocodone bitartrate</i>)	1B	PA; QL(2 ea daily)
Opioid Combinations		
<i>acetaminophen w/ codeine soln 12 mg/5ml-120 mg/5ml</i>	1A	New starts limited to 7 day supply; QL(75 ml daily)
<i>acetaminophen w/ codeine tabs 15 mg-300 mg</i>	1B	New starts limited to 7 day supply; QL(13 ea daily)
<i>acetaminophen w/ codeine tabs 30 mg-300 mg, 300 mg-30 mg</i>	1A	New starts limited to 7 day supply; QL(12 ea daily)
<i>acetaminophen w/ codeine tabs 60 mg-300 mg</i>	1B	New starts limited to 7 day supply; QL(6 ea daily)
<i>acetaminophen-caff-dihydrocod caps 16 mg-30 mg-320.5 mg</i>	1B	New starts limited to 7 day supply

Drug Name	Drug Tier	Requirements/ Limits
<i>acetaminophen-caff-dihydrocod caps 16 mg-30 mg-320.5 mg</i>	3	PA; New starts limited to 7 day supply
<i>butalbital-acetaminophen-caffeine w/ codeine caps 30 mg-40 mg-50 mg-300 mg</i>	1B	New starts limited to 7 day supply
<i>butalbital-acetaminophen-caffeine w/ codeine caps 30 mg-40 mg-50 mg-325 mg</i>	1B	New starts limited to 7 day supply; QL(6 ea daily)
<i>butalbital-aspirin-caffeine w/cod caps</i>	1B	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
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 10 mg/15ml-325 mg/15ml, 325 mg/15ml-10 mg/15ml</i>	1B	New starts limited to 7 day supply
<i>hydrocodone-acetaminophen soln 2.5 mg/5ml-108 mg/5ml, 325 mg/15ml-7.5 mg/15ml, 5 mg/10ml-217 mg/10ml, 7.5 mg/15ml-325 mg/15ml</i>	1B	New starts limited to 7 day supply; QL(180 ml daily)
<i>hydrocodone-acetaminophen tabs 10 mg-300 mg, 7.5 mg-300 mg, 300 mg-5 mg, 5 mg-300 mg</i>	1B	New starts limited to 7 day supply; QL(13 ea daily)
<i>hydrocodone-acetaminophen tabs 5 mg-325 mg, 10 mg-325 mg, 325 mg-10 mg, 325 mg-7.5 mg, 7.5 mg-325 mg</i>	1B	New starts limited to 7 day supply; QL(12 ea daily)
<i>hydrocodone-ibuprofen tabs 10 mg-200 mg, 200 mg-5 mg, 5 mg-200 mg</i>	1B	PA

Drug Name	Drug Tier	Requirements/ Limits
<i>hydrocodone-ibuprofen tabs 200 mg-7.5 mg, 7.5 mg-200 mg</i>	1B	New starts limited to 7 day supply; QL(5 ea daily)
LORTAB ELIX	2	New starts limited to 7 day supply; QL(60 ml daily)
NORCO TABS (<i>Use hydrocodone-acetaminophen</i>)	NF	New starts limited to 7 day supply; QL(12 ea daily)
<i>oxycodone w/ acetaminophen tabs 7.5 mg-325 mg, 10 mg-325 mg, 325 mg-10 mg, 325 mg-5 mg, 5 mg-325 mg</i>	1B	New starts limited to 7 day supply; QL(12 ea daily)
<i>oxycodone-ibuprofen tabs</i>	1B	New starts limited to 7 day supply; QL(1 ea daily)
PERCOCET TABS 7.5 MG-325 MG, 10 MG-325 MG, 5 MG-325 MG (<i>Use oxycodone w/ acetaminophen</i>)	NF	New starts limited to 7 day supply; QL(12 ea daily)
<i>tramadol-acetaminophen tabs</i>	1B	New starts limited to 7 day supply; QL(8 ea daily)
TYLENOL/CODEINE #3 TABS (<i>Use acetaminophen w/ codeine</i>)	NF	New starts limited to 7 day supply; QL(12 ea daily)
ULTRACET TABS (<i>Use tramadol-acetaminophen</i>)	NF	New starts limited to 7 day supply; QL(8 ea daily)
Opioid Partial Agonists		
BUPRENEX SOLN (<i>Use buprenorphine hcl</i>)	NF	
<i>buprenorphine hcl soln ij 0.3 mg/ml</i>	1B	
<i>buprenorphine hcl subl sl 2 mg, 8 mg</i>	1B	QL(3 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
<i>buprenorphine hcl-naloxone hcl dihydrate film 1 mg-4 mg, 0.5 mg-2 mg, 2 mg-0.5 mg</i>	1B	QL(3 ea daily)
<i>buprenorphine hcl-naloxone hcl dihydrate film 2 mg-8 mg, 3 mg-12 mg</i>	1B	QL(2 ea daily)
<i>buprenorphine hcl-naloxone hcl dihydrate subl 0.5 mg-2 mg, 2 mg-8 mg</i>	1B	QL(3 ea daily)
<i>buprenorphine ptwk td 10 mcg/hr, 15 mcg/hr, 20 mcg/hr, 5 mcg/hr, 7.5 mcg/hr</i>	1B	PA; QL(0.143 ea daily)
<i>butorphanol tartrate soln ij 1 mg/ml, 2 mg/ml</i>	1B	
<i>butorphanol tartrate soln na 10 mg/ml</i>	1B	PA
BUTRANS PTWK (<i>Use buprenorphine</i>)	NF	PA; QL(0.143 ea daily)
<i>nalbuphine hcl soln</i>	1B	QL(8 ml daily)
<i>pentazocine w/ naloxone hcl tabs</i>	1B	New starts limited to 7 day supply
SUBOXONE FILM 1 MG-4 MG, 0.5 MG-2 MG, 2 MG-0.5 MG (<i>Use buprenorphine hcl-naloxone hcl dihydrate</i>)	NF	QL(3 ea daily)
SUBOXONE FILM 2 MG-8 MG, 3 MG-12 MG (<i>Use buprenorphine hcl-naloxone hcl dihydrate</i>)	NF	QL(2 ea daily)
ANDROGENS-ANABOLIC - Drugs to Regulate Hormones		
Anabolic Steroids		
ANADROL-50 TABS	3	
<i>oxandrolone tabs</i>	1B	
Androgens		
ANDRODERM PT24	2	PA; QL(1 ea daily)
ANDROGEL GEL 25 MG/2.5GM, 50 MG/5GM (<i>Use testosterone</i>)	NF	

Drug Name	Drug Tier	Requirements/ Limits
<i>danazol caps</i>	1B	
DEPO-TESTOSTERONE SOLN (Use testosterone cypionate)	NF	
METHITEST TABS	3	
TESTIM GEL (Use testosterone)	NF	
TESTOSTERONE CYPIONATE SOLN IJ 200 MG/ML	1B	
<i>testosterone cypionate soln im 100 mg/ml, 200 mg/ml</i>	1B	
<i>testosterone enanthate soln</i>	1B	
VOGELXO GEL (Use testosterone)	NF	
VOGELXO PUMP GEL (Use testosterone)	NF	
ANORECTAL AND RELATED PRODUCTS - Rectal Drugs to Treat Pain, Swelling and Itching		
Intrarectal Steroids		
CORTENEMA ENEM (Use hydrocortisone (intrarectal))	NF	
<i>hydrocortisone (intrarectal) enem</i>	1B	
UCERIS FOAM RE 2 MG/ACT	4	PA
Rectal Steroids		
ANUSOL-HC CREA (Use hydrocortisone (rectal))	NF	
<i>hydrocortisone (rectal) crea</i>	1B	
<i>hydrocortisone acetate (rectal) supp</i>	1B	
PROCTOCORT CREA (Use hydrocortisone (rectal))	NF	
PROCTOCORT SUPP (Use hydrocortisone acetate (rectal))	NF	
Vasodilating Agents		
RECTIV OINT	3	QL(2 gm daily)

Drug Name	Drug Tier	Requirements/ Limits
ANTHELMINTICS - Drugs to Treat Worm Infections		
Anthelmintics		
<i>albendazole tabs</i>	1B	PA
ALBENZA TABS (Use albendazole)	NF	PA
BILTRICIDE TABS (Use praziquantel)	NF	PA
EMVERM CHEW	2	QL(2 ea daily, 6 ea per fill retail, 6 ea per fill mail) 1 rtl MAX fill, 60 rtl day(s) supply, 1 mail MAX fill, 60 mail day(s) supply,
<i>ivermectin tabs or 3 mg</i>	1B	QL(9 ea per fill retail, 9 ea per fill mail) 1 rtl MAX fill, 75 rtl day(s) supply, 1 mail MAX fill, 75 mail day(s) supply,
<i>praziquantel tabs</i>	1B	PA
STROMEKTOL TABS (Use ivermectin)	NF	QL(9 ea per fill retail, 9 ea per fill mail) 1 rtl MAX fill, 75 rtl day(s) supply, 1 mail MAX fill, 75 mail day(s) supply,
ANTI-INFECTIVE AGENTS - MISC. - Drugs to Treat Bacterial Infections		
Anti-infective Agents - Misc.		
<i>bacitracin solr</i>	3	
FLAGYL TABS 500 MG (Use metronidazole)	NF	
IMPAVIDO CAPS	3	PA; QL(3 ea daily)
<i>metronidazole tabs or 250 mg, 500 mg</i>	1B	

Drug Name	Drug Tier	Requirements/ Limits
<i>trimethoprim tabs</i>	1B	
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 iv 400 mg/5ml-80 mg/5ml, 80 mg/5ml-400 mg/5ml</i>	1B	
<i>sulfamethoxazole-trimethoprim susp or 200 mg/5ml-40 mg/5ml, 40 mg/5ml-200 mg/5ml</i>	1B	
<i>sulfamethoxazole-trimethoprim tabs or 160 mg-800 mg, 400 mg-80 mg, 80 mg-400 mg</i>	1A	
Antiprotozoal Agents		
ALINIA SUSR 100 MG/5ML	2	PA
ALINIA TABS 500 MG (<i>Use nitazoxanide</i>)	NF	PA
<i>atovaquone susp</i>	1B	
MEPRON SUSP (<i>Use atovaquone</i>)	NF	
<i>nitazoxanide tabs or</i>	1B	PA
Carbapenems		
<i>ertapenem sodium solr</i>	1B	
<i>imipenem-cilastatin solr</i>	1B	
INVANZ SOLR (<i>Use ertapenem sodium</i>)	NF	
<i>meropenem solr</i>	1B	
MERREM SOLR (<i>Use meropenem</i>)	NF	
PRIMAXIN IV SOLR (<i>Use imipenem-cilastatin</i>)	NF	

Drug Name	Drug Tier	Requirements/ Limits
Chloramphenicols		
<i>chloramphenicol sodium succinate solr</i>	4	PA; SP
Cyclic Lipopeptides		
CUBICIN RF SOLR (<i>Use daptomycin</i>)	NF	
CUBICIN SOLR (<i>Use daptomycin</i>)	NF	
DAPTOMYCIN SOLR 350 MG (<i>Use daptomycin</i>)	NF	
<i>daptomycin solr 500 mg</i>	1B	
Glycopeptides		
FIRVANQ SOLR	2	QL(300 ml per fill retail)
VANCOCIN CAPS (<i>Use vancomycin hcl</i>)	NF	QL(4 ea daily, 40 ea per fill retail)
<i>vancomycin hcl caps or 125 mg, 250 mg</i>	1B	QL(4 ea daily, 40 ea per fill retail)
<i>vancomycin hcl solr iv 500 mg, 1 gm, 10 gm, 1000 mg</i>	1B	
VANCOMYCIN HYDROCHLORIDE SOLR OR 250 MG/5ML	2	QL(300 ml per fill retail)
Leprostatics		
<i>dapsone tabs</i>	3	
Lincosamides		
CLEOCIN CAPS OR 75 MG, 150 MG, 300 MG (<i>Use clindamycin hcl</i>)	NF	
CLEOCIN PEDIATRIC GRANULES SOLR (<i>Use clindamycin palmitate hydrochloride</i>)	NF	
CLEOCIN PHOSPHATE SOLN IJ 300 MG/2ML, 600 MG/4ML, 900 MG/6ML, 9 GM/60ML (<i>Use clindamycin phosphate</i>)	NF	
<i>clindamycin hcl caps</i>	1B	
<i>clindamycin palmitate hydrochloride solr</i>	1B	

Drug Name	Drug Tier	Requirements/ Limits
<i>clindamycin phosphate soln</i>	1B	
LINCOCIN SOLN (<i>Use lincomycin hcl</i>)	NF	
<i>lincomycin hcl soln</i>	1B	
Monobactams		
AZACTAM SOLR (<i>Use aztreonam</i>)	NF	
<i>aztreonam solr</i>	1B	
CAYSTON SOLR	4	PA; QL(3 ml daily)
Oxazolidinones		
<i>linezolid susr or 100 mg/5ml</i>	1B	
<i>linezolid tabs or 600 mg</i>	1B	PA; QL(2 ea daily)
SIVEXTRO TABS OR	3	PA
ZYVOX SUSR OR 100 MG/5ML (<i>Use linezolid</i>)	NF	
ZYVOX TABS OR 600 MG (<i>Use linezolid</i>)	NF	PA; QL(2 ea daily)
Polymyxins		
<i>polymyxin b sulfate solr</i>	1B	
Urinary Anti-infectives		
<i>fosfomycin tromethamine pack</i>	1B	
HIPREX TABS (<i>Use methenamine hippurate</i>)	NF	
MACROBID CAPS (<i>Use nitrofurantoin monohyd macro</i>)	NF	
MACRODANTIN CAPS 50 MG, 100 MG (<i>Use nitrofurantoin macrocrystal</i>)	NF	
<i>methenamine hippurate tabs</i>	1B	
MONUROL PACK (<i>Use fosfomycin tromethamine</i>)	NF	
<i>nitrofurantoin macrocrystal caps 50 mg, 100 mg</i>	1B	

Drug Name	Drug Tier	Requirements/ Limits
<i>nitrofurantoin monohyd macro caps</i>	1B	
<i>nitrofurantoin susp</i>	1B	
ANTIANGINAL AGENTS - Drugs to Treat Chest Pain		
Antianginals-Other		
RANEXA TB12 1000 MG (<i>Use ranolazine</i>)	NF	QL(2 ea daily)
RANEXA TB12 500 MG (<i>Use ranolazine</i>)	NF	QL(3 ea daily)
<i>ranolazine tb12 1000 mg</i>	1B	QL(2 ea daily)
<i>ranolazine tb12 500 mg</i>	1B	QL(3 ea daily)
Nitrates		
ISORDIL TITRADOSE TABS 5 MG (<i>Use isosorbide dinitrate</i>)	NF	
<i>isosorbide dinitrate tabs 30 mg, 10 mg, 20 mg, 5 mg</i>	1B	
<i>isosorbide mononitrate tabs</i>	1B	
<i>isosorbide mononitrate tb24</i>	1B	
NITRO-BID OINT	3	
NITRO-DUR PT24 0.1 MG/HR, 0.2 MG/HR, 0.4 MG/HR, 0.6 MG/HR (<i>Use nitroglycerin</i>)	NF	
<i>nitroglycerin cpcr or 2.5 mg, 6.5 mg, 9 mg</i>	1B	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>	1B	
NITROGLYCERIN SOLN IV 5 MG/ML	1B	
<i>nitroglycerin subl sl 0.3 mg, 0.4 mg, 0.6 mg</i>	1B	
NITROSTAT SUBL (<i>Use nitroglycerin</i>)	NF	
ANTIANXIETY AGENTS - Drugs to Treat Anxiety		
Antianxiety Agents - Misc.		

Drug Name	Drug Tier	Requirements/ Limits
<i>buspirone hcl tabs 10 mg, 30 mg, 7.5 mg, 15 mg</i>	1B	
<i>buspirone hcl tabs 5 mg</i>	1A	
<i>hydroxyzine hcl soln im 50 mg/ml</i>	1B	
<i>hydroxyzine hcl syrp or 10 mg/5ml</i>	1B	
<i>hydroxyzine hcl tabs or 10 mg, 25 mg, 50 mg</i>	1B	
<i>hydroxyzine pamoate caps</i>	1B	
<i>meprobamate tabs</i>	1B	
VISTARIL CAPS (Use <i>hydroxyzine pamoate</i>)	NF	
Benzodiazepines		
<i>alprazolam tabs 0.25 mg, 0.5 mg, 1 mg</i>	1A	QL(4 ea daily)
<i>alprazolam tabs 2 mg</i>	1B	QL(4 ea daily)
<i>alprazolam tb24 0.5 mg, 1 mg, 2 mg, 3 mg</i>	1B	
<i>alprazolam tbdp 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	1B	
ATIVAN TABS OR 0.5 MG, 2 MG (Use <i>lorazepam</i>)	NF	QL(3 ea daily)
ATIVAN TABS OR 1 MG (Use <i>lorazepam</i>)	NF	QL(4 ea daily)
<i>chlordiazepoxide hcl caps</i>	1B	
<i>clorazepate dipotassium tabs</i>	1B	
<i>diazepam conc or 5 mg/ml</i>	1B	
<i>diazepam soln or 5 mg/5ml</i>	1B	
<i>diazepam tabs or 10 mg, 2 mg, 5 mg</i>	1A	QL(4 ea daily)
<i>lorazepam conc or 2 mg/ml</i>	1B	
<i>lorazepam tabs or 0.5 mg, 2 mg</i>	1A	QL(3 ea daily)
<i>lorazepam tabs or 1 mg</i>	1A	QL(4 ea daily)
<i>oxazepam caps</i>	1B	

Drug Name	Drug Tier	Requirements/ Limits
TRANXENE T TABS (Use <i>clorazepate dipotassium</i>)	NF	
VALIUM TABS (Use <i>diazepam</i>)	NF	QL(4 ea daily)
XANAX TABS (Use <i>alprazolam</i>)	NF	QL(4 ea daily)
XANAX XR TB24 (Use <i>alprazolam</i>)	NF	
ANTIARRHYTHMICS - Drugs to treat abnormal heart rhythms		
Antiarrhythmics Type I-A		
<i>disopyramide phosphate caps</i>	1B	
NORPACE CAPS (Use <i>disopyramide phosphate</i>)	NF	
<i>procainamide hcl soln 500 mg/ml</i>	1B	
<i>quinidine sulfate tabs</i>	1B	
Antiarrhythmics Type I-B		
<i>mexiletine hcl caps 150 mg, 200 mg, 250 mg</i>	1B	
Antiarrhythmics Type I-C		
<i>flecainide acetate tabs</i>	1B	
<i>propafenone hcl cp12</i>	1B	
<i>propafenone hcl tabs</i>	1B	
RYTHMOL SR CP12 (Use <i>propafenone hcl</i>)	NF	
Antiarrhythmics Type III		
<i>amiodarone hcl soln iv 150 mg/3ml, 50 mg/ml</i>	1B	
<i>amiodarone hcl tabs or 100 mg, 200 mg, 400 mg</i>	1B	
<i>dofetilide caps</i>	1B	
MULTAQ TABS	3	
TIKOSYN CAPS (Use <i>dofetilide</i>)	NF	
ANTIASTHMATIC AND BRONCHODILATOR AGENTS - Drugs to Treat Lung Conditions		
Anti-Inflammatory Agents		

Drug Name	Drug Tier	Requirements/ Limits
<i>cromolyn sodium nebu</i>	1B	QL(8 ml daily)
Antiasthmatic - Monoclonal Antibodies		
FASENRA PEN SOAJ	4	PA
FASENRA SOSY	4	PA
NUCALA SOAJ	4	PA
NUCALA SOLR	4	PA
NUCALA SOSY	4	PA
XOLAIR SOLR 150 MG	4	PA; SP
XOLAIR SOSY 150 MG/ML, 75 MG/0.5ML	4	PA
Bronchodilators - Anticholinergics		
ATROVENT HFA AERS	3	Limit 2 inhalers per month; QL(0.44 gm daily)
INCRUSE ELLIPTA AEPB	2	QL(1 ea daily)
<i>ipratropium bromide soln</i>	1B	QL(15 ml daily)
SPIRIVA HANDIHALER CAPS	2	QL(1 ea daily)
SPIRIVA RESPIMAT AERS	2	QL(0.14 gm daily)
Leukotriene Modulators		
ACCOLATE TABS (<i>Use zafirlukast</i>)	NF	QL(2 ea daily)
<i>montelukast sodium chew 4 mg, 5 mg</i>	1B	QL(1 ea daily)
<i>montelukast sodium pack 4 mg</i>	1B	PA; QL(1 ea daily)
<i>montelukast sodium tabs 10 mg</i>	1B	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)

Drug Name	Drug Tier	Requirements/ Limits
<i>zafirlukast tabs</i>	1B	QL(2 ea daily)
<i>zileuton tb12</i>	1B	QL(4 ea daily)
Selective Phosphodiesterase 4 (PDE4) Inhibitors		
DALIRESP TABS 250 MCG	3	QL(1 ea daily)30 rti MAX day(s) supply, 180 rti lmt day(s), 30 mail MAX day(s) supply, 180 mail lmt day(s),
DALIRESP TABS 500 MCG	3	QL(1 ea daily)
Steroid Inhalants		
ALVESCO AERS	3	PA
ARNUITY ELLIPTA AEPB	2	
<i>budesonide (inhalation) susp</i>	1B	PA; QL(4 ml daily)
FLOVENT DISKUS AEPB	2	
FLOVENT HFA AERO	2	
PULMICORT FLEXHALER AEPB	2	
PULMICORT SUSP (<i>Use budesonide (inhalation)</i>)	NF	PA; QL(4 ml daily)
QVAR REDIHALER AERB	2	
Sympathomimetics		
ADVAIR DISKUS AEPB (<i>Use fluticasone-salmeterol</i>)	NF	
ADVAIR HFA AERO	2	
AIRDUO RESPICLICK 113/14 AEPB (<i>Use fluticasone-salmeterol</i>)	NF	
AIRDUO RESPICLICK 232/14 AEPB (<i>Use fluticasone-salmeterol</i>)	NF	

Drug Name	Drug Tier	Requirements/ Limits
AIRDUO RESPICLICK 55/14 AEPB 14 MCG/ACT- 55 MCG/ACT (Use <i>fluticasone-salmeterol</i>)	NF	
<i>albuterol sulfate aers in 108 mcg/act</i>	1B	
<i>albuterol sulfate nebu in 0.5 %, 2.5 mg/0.5ml</i>	1B	
<i>albuterol sulfate nebu in 0.63 mg/3ml, 1.25 mg/3ml, 0.083 %</i>	1B	QL(15 ml daily)
<i>albuterol sulfate syrp or 2 mg/5ml</i>	1B	
<i>albuterol sulfate tabs or 2 mg, 4 mg</i>	1B	
<i>albuterol sulfate tb12 or 4 mg, 8 mg</i>	1B	
ANORO ELLIPTA AEPB	2	QL(2 ea daily)
ARCAPTA NEOHALER CAPS	2	
<i>arformoterol tartrate nebu</i>	1B	PA; QL(4 ml daily)
BEVESPI AEROSPHERE AERO	2	QL(0.36 gm daily)
BREO ELLIPTA AEPB	2	
BREZTRI AEROSPHERE AERO	2	QL(0.38 gm daily)
BROVANA NEBU (Use <i>arformoterol tartrate</i>)	3	PA; QL(4 ml daily)
<i>budesonide-formoterol fumarate dihydrate aero</i>	1B	
<i>fluticasone-salmeterol aepb 50 mcg/act-100 mcg/act, 50 mcg/act-250 mcg/act, 50 mcg/act-500 mcg/act, 50 mcg/dose-100 mcg/dose, 50 mcg/dose- 250 mcg/dose, 50 mcg/dose-500 mcg/dose</i>	1B	
<i>formoterol fumarate nebu</i>	1B	PA
<i>ipratropium-albuterol soln</i>	1B	QL(18 ml daily)
<i>levalbuterol hcl nebu 0.31 mg/3ml, 0.63 mg/3ml, 1.25 mg/3ml</i>	1B	PA; QL(12 ml daily)

Drug Name	Drug Tier	Requirements/ Limits
<i>levalbuterol hcl nebu 1.25 mg/0.5ml</i>	1B	PA
<i>levalbuterol tartrate aero</i>	3	PA; Limit 2 inhalers per month;QL(1 gm daily)
PERFOROMIST NEBU (Use <i>formoterol fumarate</i>)	3	PA
PROAIR HFA AERS (Use <i>albuterol sulfate</i>)	NF	
PROVENTIL HFA AERS (Use <i>albuterol sulfate</i>)	NF	
SEREVENT DISKUS AEPB	2	
STRIVERDI RESPIMAT AERS	2	
SYMBICORT AERO	2	
<i>terbutaline sulfate soln</i>	1B	
<i>terbutaline sulfate tabs</i>	1B	
TRELEGY ELLIPTA AEPB	2	QL(2 ea daily)
UTIBRON NEOHALER CAPS	3	PA; QL(2 ea daily)
VENTOLIN HFA AERS (Use <i>albuterol sulfate</i>)	NF	
XOPENEX CONCENTRATE NEBU (Use <i>levalbuterol hcl</i>)	NF	PA
XOPENEX HFA AERO (Use <i>levalbuterol tartrate</i>)	NF	PA; Limit 2 inhalers per month;QL(1 gm daily)
XOPENEX NEBU (Use <i>levalbuterol hcl</i>)	NF	PA; QL(12 ml daily)
Xanthines		
<i>aminophylline soln</i>	1B	
ELIXOPHYLLIN ELIX	1B	
<i>theophylline soln 80 mg/15ml</i>	1B	QL(56 ml daily)
<i>theophylline tb12 300 mg, 450 mg</i>	1B	

Drug Name	Drug Tier	Requirements/ Limits
<i>theophylline tb24 400 mg, 600 mg</i>	1B	
ANTICOAGULANTS - Blood Thinners		
Coumarin Anticoagulants		
COUMADIN TABS (<i>Use warfarin sodium</i>)	2	
<i>warfarin sodium tabs</i>	1B	
Direct Factor Xa Inhibitors		
BEVYXXA CAPS	3	QL(42 ea per 42 days retail, 42 ea per 42 days mail)
ELIQUIS STARTER PACK TBPk	2	QL(2.47 ea daily) 1 rtl MAX fill, 180 rtl day(s) supply,
ELIQUIS TABS	2	QL(2 ea daily)
XARELTO STARTER PACK TBPk	2	1 rtl MAX fill, 365 rtl day(s) supply,
XARELTO TABS 10 MG, 20 MG	2	QL(1 ea daily)
XARELTO TABS 15 MG, 2.5 MG	2	QL(2 ea daily)
Heparins And Heparinoid-Like Agents		
ARIXTRA SOLN 10 MG/0.8ML (<i>Use fondaparinux sodium</i>)	NF	QL(7.2 ml per 180 days retail, 7.2 ml per 180 days mail); SP
ARIXTRA SOLN 2.5 MG/0.5ML (<i>Use fondaparinux sodium</i>)	NF	QL(4.5 ml per 180 days retail, 4.5 ml per 180 days mail); SP
ARIXTRA SOLN 5 MG/0.4ML (<i>Use fondaparinux sodium</i>)	NF	QL(3.6 ml per 180 days retail, 3.6 ml per 180 days mail); SP

Drug Name	Drug Tier	Requirements/ Limits
ARIXTRA SOLN 7.5 MG/0.6ML (<i>Use fondaparinux sodium</i>)	NF	QL(5.4 ml per 180 days retail, 5.4 ml per 180 days mail); SP
<i>enoxaparin sodium soln ij 300 mg/3ml</i>	4	QL(6 ml daily)
<i>enoxaparin sodium soln sc 100 mg/ml, 150 mg/ml</i>	4	QL(2 ml daily)
<i>enoxaparin sodium soln sc 120 mg/0.8ml, 80 mg/0.8ml</i>	4	QL(1.6 ml daily)
<i>enoxaparin sodium soln sc 30 mg/0.3ml</i>	4	QL(0.6 ml daily); SP
<i>enoxaparin sodium soln sc 40 mg/0.4ml</i>	4	QL(0.8 ml daily, 30 day(s) limit); SP
<i>enoxaparin sodium soln sc 60 mg/0.6ml</i>	4	QL(1.2 ml daily, 30 day(s) limit); SP
<i>fondaparinux sodium soln 10 mg/0.8ml</i>	4	QL(7.2 ml per 180 days retail, 7.2 ml per 180 days mail); SP
<i>fondaparinux sodium soln 2.5 mg/0.5ml</i>	4	QL(4.5 ml per 180 days retail, 4.5 ml per 180 days mail); SP
<i>fondaparinux sodium soln 5 mg/0.4ml</i>	4	QL(3.6 ml per 180 days retail, 3.6 ml per 180 days mail); SP
<i>fondaparinux sodium soln 7.5 mg/0.6ml</i>	4	QL(5.4 ml per 180 days retail, 5.4 ml per 180 days mail); SP
FRAGMIN SOLN 10000 UNIT/ML, 12500 UNIT/0.5ML, 15000 UNIT/0.6ML, 18000 UNT/0.72ML, 2500 UNIT/0.2ML, 5000 UNIT/0.2ML, 7500 UNIT/0.3ML	4	PA; SP

Drug Name	Drug Tier	Requirements/ Limits
HEPARIN LOCK FLUSH SOLN (Use heparin sodium (porcine) lock flush)	NF	
heparin sod (porcine) in d5w soln 5 %-40 unit/ml	1B	
heparin sodium (porcine) soln 10000 unit/ml, 20000 unit/ml, 5000 unit/ml	1B	
HEPARIN SODIUM/NACL 0.45% SOLN 0.45 %-12500 UNIT/250ML	1B	
LOVENOX SOLN IJ 300 MG/3ML (Use enoxaparin sodium)	NF	QL(6 ml daily)
LOVENOX SOLN SC 100 MG/ML, 150 MG/ML (Use enoxaparin sodium)	NF	QL(2 ml daily)
LOVENOX SOLN SC 120 MG/0.8ML, 80 MG/0.8ML (Use enoxaparin sodium)	NF	QL(1.6 ml daily)
LOVENOX SOLN SC 30 MG/0.3ML (Use enoxaparin sodium)	NF	QL(0.6 ml daily); SP
LOVENOX SOLN SC 40 MG/0.4ML (Use enoxaparin sodium)	NF	QL(0.8 ml daily,30 day(s) limit); SP
LOVENOX SOLN SC 60 MG/0.6ML (Use enoxaparin sodium)	NF	QL(1.2 ml daily,30 day(s) limit); SP
ANTICONVULSANTS - Drugs to Treat Seizures		
AMPA Glutamate Receptor Antagonists		
FYCOMPA TABS 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG	3	PA
Anticonvulsants - Benzodiazepines		
clobazam susp 2.5 mg/ml	1B	PA; QL(16 ml daily)
clobazam tabs 10 mg, 20 mg	1B	PA; QL(2 ea daily)
clonazepam tabs 0.5 mg, 1 mg, 2 mg	1A	
DIASTAT ACUDIAL GEL (Use diazepam (anticonvulsant))	NF	

Drug Name	Drug Tier	Requirements/ Limits
DIASTAT PEDIATRIC GEL (Use diazepam (anticonvulsant))	NF	
diazepam (anticonvulsant) gel	3	
KLONOPIN TABS (Use clonazepam)	NF	
NAYZILAM SOLN	3	PA; QL(10 ea per 30 days retail)
ONFI SUSP 2.5 MG/ML (Use clobazam)	NF	PA; QL(16 ml daily)
ONFI TABS 10 MG, 20 MG (Use clobazam)	NF	PA; QL(2 ea daily)
VALTOCO LIQD	4	PA; QL(10 ea per 30 days retail)
VALTOCO LQPK	4	PA; QL(10 ea per 30 days retail)
Anticonvulsants - Misc.		
APTiom TABS	3	ST; QL(2 ea daily)
BANZEL SUSP 40 MG/ML (Use rufinamide)	NF	PA; QL(80 ml daily)
BANZEL TABS 200 MG (Use rufinamide)	2	PA; QL(2 ea daily)
BANZEL TABS 400 MG (Use rufinamide)	2	PA; QL(8 ea daily)
BRIVIACT SOLN OR 10 MG/ML	3	PA
BRIVIACT TABS OR 10 MG, 100 MG, 25 MG, 50 MG, 75 MG	3	PA
carbamazepine chew 100 mg	1B	
carbamazepine cp12 100 mg	1B	
carbamazepine cp12 200 mg	1B	QL(6 ea daily)
carbamazepine cp12 300 mg	1B	QL(4 ea daily)
carbamazepine susp 100 mg/5ml, 200 mg/10ml	1B	
carbamazepine tabs 200 mg	1B	

Drug Name	Drug Tier	Requirements/ Limits
<i>carbamazepine tb12 100 mg, 400 mg</i>	1B	QL(4 ea daily)
<i>carbamazepine tb12 200 mg</i>	1B	QL(6 ea daily)
CARBATROL CP12 100 MG (<i>Use carbamazepine</i>)	NF	
CARBATROL CP12 200 MG (<i>Use carbamazepine</i>)	NF	QL(6 ea daily)
CARBATROL CP12 300 MG (<i>Use carbamazepine</i>)	NF	QL(4 ea daily)
DIACOMIT CAPS 250 MG	4	PA; QL(12 ea daily)
DIACOMIT CAPS 500 MG	4	PA; QL(6 ea daily)
DIACOMIT PACK 250 MG	4	PA; QL(12 ea daily)
DIACOMIT PACK 500 MG	4	PA; QL(6 ea daily)
EPIDIOLEX SOLN	3	PA
<i>gabapentin caps 100 mg, 300 mg, 400 mg</i>	1B	
<i>gabapentin soln 250 mg/5ml, 300 mg/6ml</i>	1B	QL(60 ml daily)
<i>gabapentin tabs 600 mg, 800 mg</i>	1B	
KEPPRA SOLN IV 500 MG/5ML (<i>Use levetiracetam</i>)	NF	QL(30 ml daily)
KEPPRA SOLN OR 100 MG/ML (<i>Use levetiracetam</i>)	NF	QL(30 ml daily)
KEPPRA TABS OR 1000 MG (<i>Use levetiracetam</i>)	NF	QL(3 ea daily)
KEPPRA TABS OR 250 MG, 750 MG (<i>Use levetiracetam</i>)	NF	QL(4 ea daily)
KEPPRA TABS OR 500 MG (<i>Use levetiracetam</i>)	NF	QL(6 ea daily)
KEPPRA XR TB24 (<i>Use levetiracetam</i>)	NF	QL(4 ea daily)
<i>lacosamide tabs</i>	1B	PA; QL(2 ea daily)
LAMICTAL CHEWABLE DISPERSIBLE CHEW 25 MG (<i>Use lamotrigine</i>)	NF	QL(20 ea daily)

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

Drug Name	Drug Tier	Requirements/Limits
<i>oxcarbazepine susp 300 mg/5ml, 60 mg/ml</i>	1B	QL(40 ml daily)
<i>oxcarbazepine tabs 150 mg, 300 mg</i>	1B	QL(3 ea daily)
<i>oxcarbazepine tabs 600 mg</i>	1B	QL(4 ea daily)
<i>pregabalin caps 100 mg, 150 mg, 200 mg, 25 mg, 50 mg, 75 mg</i>	1B	PA; QL(3 ea daily)
<i>pregabalin caps 225 mg, 300 mg</i>	1B	PA; QL(2 ea daily)
<i>pregabalin soln 20 mg/ml</i>	1B	PA; QL(30 ml daily)
<i>primidone tabs</i>	1B	
QUDEXY XR CS24 (<i>Use topiramate</i>)	NF	
<i>rufinamide susp 40 mg/ml</i>	1B	PA; QL(80 ml daily)
<i>rufinamide tabs 200 mg</i>	1B	PA; QL(2 ea daily)
<i>rufinamide tabs 400 mg</i>	1B	PA; QL(8 ea daily)
TEGRETOL SUSP (<i>Use carbamazepine</i>)	2	
TEGRETOL TABS (<i>Use carbamazepine</i>)	2	
TEGRETOL-XR TB12 100 MG, 400 MG (<i>Use carbamazepine</i>)	NF	QL(4 ea daily)
TEGRETOL-XR TB12 200 MG (<i>Use carbamazepine</i>)	NF	QL(6 ea daily)
TOPAMAX SPRINKLE CPSP 15 MG (<i>Use topiramate</i>)	NF	QL(6 ea daily)
TOPAMAX SPRINKLE CPSP 25 MG (<i>Use topiramate</i>)	NF	QL(8 ea daily)
TOPAMAX TABS 100 MG, 25 MG (<i>Use topiramate</i>)	NF	QL(4 ea daily)
TOPAMAX TABS 200 MG (<i>Use topiramate</i>)	NF	QL(2 ea daily)
TOPAMAX TABS 50 MG (<i>Use topiramate</i>)	NF	QL(6 ea daily)
<i>topiramate cpsp 15 mg</i>	1B	QL(6 ea daily)

Drug Name	Drug Tier	Requirements/Limits
<i>topiramate cpsp 25 mg</i>	1B	QL(8 ea daily)
<i>topiramate tabs 100 mg, 25 mg</i>	1B	QL(4 ea daily)
<i>topiramate tabs 200 mg</i>	1B	QL(2 ea daily)
<i>topiramate tabs 50 mg</i>	1B	QL(6 ea daily)
TRILEPTAL SUSP 300 MG/5ML (<i>Use oxcarbazepine</i>)	NF	QL(40 ml daily)
TRILEPTAL TABS 150 MG, 300 MG (<i>Use oxcarbazepine</i>)	NF	QL(3 ea daily)
TRILEPTAL TABS 600 MG (<i>Use oxcarbazepine</i>)	NF	QL(4 ea daily)
VIMPAT SOLN IV 200 MG/20ML	3	QL(40 ml daily)
VIMPAT SOLN OR 10 MG/ML	3	PA; QL(40 ml daily)
VIMPAT TABS OR 100 MG, 150 MG, 200 MG, 50 MG (<i>Use lacosamide</i>)	3	PA; QL(2 ea daily)
ZONEGRAN CAPS (<i>Use zonisamide</i>)	NF	QL(6 ea daily)
<i>zonisamide caps</i>	1B	QL(6 ea daily)
Carbamates		
<i>felbamate susp 600 mg/5ml</i>	1B	QL(30 ml daily)
<i>felbamate tabs 400 mg</i>	1B	QL(9 ea daily)
<i>felbamate tabs 600 mg</i>	1B	QL(6 ea daily)
FELBATOL SUSP 600 MG/5ML (<i>Use felbamate</i>)	NF	QL(30 ml daily)
FELBATOL TABS 400 MG (<i>Use felbamate</i>)	NF	QL(9 ea daily)
FELBATOL TABS 600 MG (<i>Use felbamate</i>)	NF	QL(6 ea daily)
GABA Modulators		
GABITRIL TABS 2 MG, 4 MG (<i>Use tiagabine hcl</i>)	NF	
SABRIL PACK (<i>Use vigabatrin</i>)	NF	PA; QL(6 ea daily); SP
SABRIL TABS (<i>Use vigabatrin</i>)	NF	PA; QL(6 ea daily); SP

Drug Name	Drug Tier	Requirements/ Limits
<i>tiagabine hcl tabs 2 mg, 4 mg</i>	1B	
<i>vigabatrin pack</i>	4	PA; QL(6 ea daily); SP
<i>vigabatrin tabs</i>	4	PA; QL(6 ea daily); SP
Hydantoins		
CEREBYX SOLN (<i>Use fosphenytoin sodium</i>)	NF	
DILANTIN CAPS 100 MG (<i>Use phenytoin sodium extended</i>)	2	
DILANTIN CAPS 30 MG	2	
DILANTIN INFATABS CHEW (<i>Use phenytoin</i>)	2	
DILANTIN-125 SUSP (<i>Use phenytoin</i>)	2	
<i>fosphenytoin sodium soln</i>	1B	
PEGANONE TABS	3	
PHENYTEK CAPS (<i>Use phenytoin sodium extended</i>)	2	
<i>phenytoin chew</i>	1B	
<i>phenytoin sodium extended caps</i>	1B	
<i>phenytoin sodium soln</i>	1B	
<i>phenytoin susp</i>	1B	
Succinimides		
CELONTIN CAPS	3	QL(4 ea daily)
<i>ethosuximide caps 250 mg</i>	1B	QL(6 ea daily)
<i>ethosuximide soln 250 mg/5ml</i>	1B	QL(30 ml daily)
ZARONTIN CAPS 250 MG (<i>Use ethosuximide</i>)	2	QL(6 ea daily)
ZARONTIN SOLN 250 MG/5ML (<i>Use ethosuximide</i>)	NF	QL(30 ml daily)
Valproic Acid		

Drug Name	Drug Tier	Requirements/ Limits
DEPAKOTE ER TB24 (<i>Use divalproex sodium</i>)	NF	
DEPAKOTE TBEC (<i>Use divalproex sodium</i>)	NF	
<i>divalproex sodium tb24 250 mg, 500 mg</i>	1B	
<i>divalproex sodium tbec 125 mg, 250 mg, 500 mg</i>	1B	
<i>valproate sodium soln</i>	1B	
<i>valproic acid caps or</i>	1B	
ANTIDEPRESSANTS - Drugs to Treat Depression		
Alpha-2 Receptor Antagonists (Tetracyclics)		
<i>mirtazapine tabs 15 mg</i>	1B	QL(3 ea daily)
<i>mirtazapine tabs 30 mg</i>	1B	QL(1.5 ea daily)
<i>mirtazapine tabs 45 mg, 7.5 mg</i>	1B	QL(1 ea daily)
<i>mirtazapine tbdp 15 mg</i>	1B	QL(3 ea daily)
<i>mirtazapine tbdp 30 mg</i>	1B	QL(1.5 ea daily)
<i>mirtazapine tbdp 45 mg</i>	1B	QL(1 ea daily)
REMERON SOLTAB TBDP 15 MG (<i>Use mirtazapine</i>)	NF	QL(3 ea daily)
REMERON SOLTAB TBDP 30 MG (<i>Use mirtazapine</i>)	NF	QL(1.5 ea daily)
REMERON SOLTAB TBDP 45 MG (<i>Use mirtazapine</i>)	NF	QL(1 ea daily)
REMERON TABS 15 MG (<i>Use mirtazapine</i>)	NF	QL(3 ea daily)
REMERON TABS 30 MG (<i>Use mirtazapine</i>)	NF	QL(1.5 ea daily)
Antidepressants - Misc.		
<i>bupropion hcl tabs 100 mg, 75 mg</i>	1B	QL(3 ea daily)
<i>bupropion hcl tb12 100 mg</i>	1B	QL(4 ea daily)
<i>bupropion hcl tb12 150 mg</i>	1B	QL(3 ea daily)
<i>bupropion hcl tb12 200 mg</i>	1B	QL(2 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
<i>bupropion hcl tb24 150 mg</i>	1B	QL(3 ea daily)
<i>bupropion hcl tb24 300 mg</i>	1B	QL(1 ea daily)
FORFIVO XL TB24 (<i>Use bupropion hcl</i>)	NF	
<i>maprotiline hcl tabs</i>	1B	
WELLBUTRIN SR TB12 100 MG (<i>Use bupropion hcl</i>)	NF	QL(4 ea daily)
WELLBUTRIN SR TB12 150 MG (<i>Use bupropion hcl</i>)	NF	QL(3 ea daily)
WELLBUTRIN SR TB12 200 MG (<i>Use bupropion hcl</i>)	NF	QL(2 ea daily)
WELLBUTRIN XL TB24 150 MG (<i>Use bupropion hcl</i>)	NF	QL(3 ea daily)
WELLBUTRIN XL TB24 300 MG (<i>Use bupropion hcl</i>)	NF	QL(1 ea daily)
Monoamine Oxidase Inhibitors (MAOIs)		
EMSAM PT24	3	QL(1 ea daily)
MARPLAN TABS	2	QL(6 ea daily)
NARDIL TABS (<i>Use phenelzine sulfate</i>)	NF	
PARNATE TABS (<i>Use tranylcypromine sulfate</i>)	NF	
<i>phenelzine sulfate tabs</i>	1B	
<i>tranylcypromine sulfate tabs</i>	1B	
N-Methyl-D-aspartic acid (NMDA) Receptor		
SPRAVATO 56MG DOSE SOPK	4	PA
SPRAVATO 84MG DOSE SOPK	4	PA
Selective Serotonin Reuptake Inhibitors (SSRIs)		
CELEXA TABS 10 MG (<i>Use citalopram hydrobromide</i>)	NF	QL(4 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
CELEXA TABS 20 MG (<i>Use citalopram hydrobromide</i>)	NF	QL(2 ea daily)
CELEXA TABS 40 MG (<i>Use citalopram hydrobromide</i>)	NF	QL(1 ea daily)
<i>citalopram hydrobromide soln 10 mg/5ml</i>	1B	QL(20 ml daily)
<i>citalopram hydrobromide tabs 10 mg</i>	1B	QL(4 ea daily)
<i>citalopram hydrobromide tabs 20 mg</i>	1B	QL(2 ea daily)
<i>citalopram hydrobromide tabs 40 mg</i>	1B	QL(1 ea daily)
<i>escitalopram oxalate soln or 5 mg/5ml</i>	1B	QL(20 ml daily)
<i>escitalopram oxalate tabs or 10 mg</i>	1B	QL(2 ea daily)
<i>escitalopram oxalate tabs or 20 mg</i>	1B	QL(1 ea daily)
<i>escitalopram oxalate tabs or 5 mg</i>	1B	QL(4 ea daily)
<i>fluoxetine hcl caps 10 mg</i>	1A	QL(1 ea daily)
<i>fluoxetine hcl caps 20 mg</i>	1B	QL(3 ea daily)
<i>fluoxetine hcl caps 40 mg</i>	1B	QL(2 ea daily)
<i>fluoxetine hcl cpdr 90 mg</i>	1B	
<i>fluoxetine hcl soln 20 mg/5ml</i>	1B	QL(20 ml daily)
<i>fluoxetine hcl tabs 20 mg</i>	1B	QL(3 ea daily)
<i>fluoxetine hcl tabs 60 mg, 10 mg</i>	1B	QL(1 ea daily)
FLUOXETINE HYDROCHLORIDE TABS (<i>Use fluoxetine hcl</i>)	NF	QL(1 ea daily)
<i>fluvoxamine maleate tabs 100 mg</i>	1B	QL(3 ea daily)
<i>fluvoxamine maleate tabs 25 mg, 50 mg</i>	1B	QL(2 ea daily)
LEXAPRO TABS 10 MG (<i>Use escitalopram oxalate</i>)	NF	QL(2 ea daily)
LEXAPRO TABS 20 MG (<i>Use escitalopram oxalate</i>)	NF	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
LEXAPRO TABS 5 MG (Use escitalopram oxalate)	NF	QL(4 ea daily)
paroxetine hcl tabs 10 mg	1B	QL(6 ea daily)
paroxetine hcl tabs 20 mg	1B	QL(3 ea daily)
paroxetine hcl tabs 30 mg	1B	QL(2 ea daily)
paroxetine hcl tabs 40 mg	1B	QL(1 ea daily)
paroxetine hcl tb24 12.5 mg	1B	QL(1 ea daily)
paroxetine hcl tb24 25 mg, 37.5 mg	1B	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 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)
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	1B	QL(10 ml daily)
sertraline hcl tabs 100 mg	1B	QL(2 ea daily)
sertraline hcl tabs 25 mg, 50 mg	1B	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		

Drug Name	Drug Tier	Requirements/ Limits
nefazodone hcl tabs	1B	
trazodone hcl tabs	1B	
TRINTELLIX TABS	3	PA; QL(1 ea daily)
VIIBRYD STARTER PACK KIT	3	PA; QL(0.18 ea daily)
VIIBRYD TABS	3	PA; QL(1 ea daily)
Serotonin-Norepinephrine Reuptake Inhibitors		
CYMBALTA CPEP (Use duloxetine hcl)	NF	QL(2 ea daily)
desvenlafaxine succinate tb24 100 mg	1B	QL(4 ea daily)
desvenlafaxine succinate tb24 25 mg, 50 mg	1B	QL(1 ea daily)
duloxetine hcl cpep or 20 mg, 60 mg, 30 mg	1B	QL(2 ea daily)
duloxetine hcl cpep or 40 mg	1B	
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	1B	QL(2 ea daily)
venlafaxine hcl cp24 37.5 mg	1B	QL(4 ea daily)
venlafaxine hcl cp24 75 mg	1B	QL(5 ea daily)
venlafaxine hcl tabs 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg	1B	QL(3 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
<i>venlafaxine hcl tb24 150 mg</i>	1B	QL(2 ea daily)
<i>venlafaxine hcl tb24 225 mg</i>	1B	ST; QL(1 ea daily)
<i>venlafaxine hcl tb24 75 mg, 37.5 mg</i>	1B	QL(1 ea daily)
Tricyclic Agents		
<i>amitriptyline hcl tabs</i>	1B	
<i>amoxapine tabs</i>	3	
ANAFRANIL CAPS (<i>Use clomipramine hcl</i>)	NF	PA
<i>clomipramine hcl caps</i>	1B	PA
<i>desipramine hcl tabs</i>	1B	
<i>doxepin hcl caps</i>	1B	
<i>doxepin hcl conc</i>	1B	
<i>imipramine hcl tabs</i>	1B	
<i>imipramine pamoate caps</i>	1B	
NORPRAMIN TABS (<i>Use desipramine hcl</i>)	NF	
<i>nortriptyline hcl caps</i>	1B	
<i>nortriptyline hcl soln</i>	1B	
PAMELOR CAPS (<i>Use nortriptyline hcl</i>)	NF	
<i>protriptyline hcl tabs</i>	1B	
<i>trimipramine maleate caps</i>	1B	
ANTIDIABETICS - Drugs to Regulate Blood Sugar		
Alpha-Glucosidase Inhibitors		
<i>acarbose tabs</i>	1B	QL(3 ea daily)
GLYSET TABS (<i>Use miglitol</i>)	NF	
<i>miglitol tabs</i>	1B	

Drug Name	Drug Tier	Requirements/ Limits
PRECOSE TABS (<i>Use acarbose</i>)	NF	QL(3 ea daily)
Antidiabetic - Amylin Analogs		
SYMLINPEN 120 SOPN	2	PA; QL(0.36 ml daily)
SYMLINPEN 60 SOPN	2	PA; QL(0.2 ml daily)
Antidiabetic Combinations		
ACTOPLUS MET TABS (<i>Use pioglitazone hcl-metformin hcl</i>)	NF	QL(2 ea daily)
DUETACT TABS (<i>Use pioglitazone hcl-glimepiride</i>)	NF	QL(1 ea daily)
<i>glipizide-metformin hcl tabs 2.5 mg-250 mg, 2.5 mg-500 mg</i>	1B	QL(2 ea daily)
<i>glipizide-metformin hcl tabs 5 mg-500 mg</i>	1B	QL(4 ea daily)
<i>glyburide-metformin tabs 1.25 mg-250 mg, 250 mg-1.25 mg</i>	1B	QL(2 ea daily)
<i>glyburide-metformin tabs 2.5 mg-500 mg, 5 mg-500 mg</i>	1B	QL(4 ea daily)
GLYXAMBI TABS	2	QL(1 ea daily)
JANUMET TABS	2	QL(2 ea daily)
JANUMET XR TB24 100 MG-1000 MG, 1000 MG-100 MG	2	QL(1 ea daily)
JANUMET XR TB24 1000 MG-50 MG, 50 MG-1000 MG, 50 MG-500 MG, 500 MG-50 MG	2	QL(2 ea daily)
KAZANO TABS (<i>Use alogliptin-metformin hcl</i>)	NF	
OSANI TABS (<i>Use alogliptin-pioglitazone</i>)	NF	
<i>pioglitazone hcl-glimepiride tabs</i>	1B	QL(1 ea daily)
<i>pioglitazone hcl-metformin hcl tabs</i>	1B	QL(2 ea daily)
SYNJARDY TABS	2	QL(2 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
SYNJARDY XR TB24 10 MG-1000 MG, 12.5 MG-1000 MG, 5 MG-1000 MG	2	QL(2 ea daily)
SYNJARDY XR TB24 25 MG-1000 MG	2	QL(1 ea daily)
TRIJARDY XR TB24 2.5 MG-12.5 MG-1000 MG, 2.5 MG-5 MG-1000 MG	2	QL(2 ea daily)
TRIJARDY XR TB24 5 MG-10 MG-1000 MG, 5 MG-25 MG-1000 MG	2	QL(1 ea daily)
XIGDUO XR TB24 10 MG-1000 MG, 10 MG-500 MG, 5 MG-500 MG	3	PA; QL(1 ea daily)
XIGDUO XR TB24 2.5 MG-1000 MG, 5 MG-1000 MG	3	PA; QL(2 ea daily)
XULTOPHY 100/3.6 SOPN	2	PA; QL(0.5 ml daily)
Biguanides		
<i>metformin hcl tabs 1000 mg</i>	1B	QL(2.5 ea daily)
<i>metformin hcl tabs 500 mg</i>	1B	QL(5 ea daily)
<i>metformin hcl tabs 850 mg</i>	1B	QL(3 ea daily)
<i>metformin hcl tb24 500 mg</i>	1B	QL(4 ea daily)
<i>metformin hcl tb24 750 mg</i>	1B	QL(3 ea daily)
Diabetic Other		
<i>diazoxide susp</i>	1B	
GLUCAGEN HYPOKIT SOLR	3	QL(0.035 ea daily)
<i>glucagon (rdna) kit</i>	1B	QL(0.035 ea daily)
GLUCAGON EMERGENCY KIT KIT (Use <i>glucagon (rdna)</i>)	NF	QL(0.035 ea daily)
PROGLYCEM SUSP (Use <i>diazoxide</i>)	NF	
Dipeptidyl Peptidase-4 (DPP-4) Inhibitors		
<i>alogliptin benzoate tabs</i>	1B	QL(1 ea daily)
JANUVIA TABS	2	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
NESINA TABS (Use <i>alogliptin benzoate</i>)	NF	
Dopamine Receptor Agonists - Antidiabetic		
CYCLOSET TABS	3	QL(6 ea daily)
Incretin Mimetic Agents (GLP-1 Receptor)		
OZEMPIC SOPN 2 MG/1.5ML	2	PA; QL(0.054 ml daily)
OZEMPIC SOPN 2 MG/1.5ML, 4 MG/3ML	2	PA; QL(0.108 ml daily)
TRULICITY SOPN	2	PA; QL(0.143 ml daily)
VICTOZA SOPN	2	PA; QL(0.3 ml daily)
Insulin Sensitizing Agents		
ACTOS TABS (Use <i>pioglitazone hcl</i>)	NF	QL(1 ea daily)
AVANDIA TABS	3	QL(1 ea daily)
<i>pioglitazone hcl tabs</i>	1B	QL(1 ea daily)
Insulin		
APIDRA SOLN	3	PA
APIDRA SOLOSTAR SOPN	3	PA
BASAGLAR KWIKPEN SOPN	2	
FIASP FLEXTOUCH SOPN	2	
FIASP PENFILL SOCT	2	
FIASP SOLN	2	
HUMULIN R U-500 (CONCENTRATED) SOLN	2	QL(1.34 ml daily)
HUMULIN R U-500 KWIKPEN SOPN	2	QL(1.34 ml daily)
LEVEMIR FLEXTOUCH SOPN	2	
LEVEMIR SOLN	2	
NOVOLIN 70/30 FLEXPEN RELION SUPN	2	
NOVOLIN 70/30 FLEXPEN SUPN	2	

Drug Name	Drug Tier	Requirements/ Limits
NOVOLIN 70/30 RELION SUSP	2	
NOVOLIN 70/30 SUSP	2	
NOVOLIN N RELION SUSP	2	
NOVOLIN N SUSP	2	
NOVOLIN R RELION SOLN	2	
NOVOLIN R SOLN	2	
NOVOLOG FLEXPEN SOPN	2	
NOVOLOG MIX 70/30 PREFILLED FLEXPEN SUPN	2	
NOVOLOG MIX 70/30 SUSP	2	
NOVOLOG PENFILL SOCT	2	
NOVOLOG SOLN	2	
TRESIBA FLEXTOUCH SOPN	2	
TRESIBA SOLN	2	
Meglitinide Analogues		
<i>nateglinide tabs</i>	1B	QL(3 ea daily)
<i>repaglinide tabs 0.5 mg, 1 mg</i>	1B	QL(4 ea daily)
<i>repaglinide tabs 2 mg</i>	1B	QL(8 ea daily)
STARLIX TABS (<i>Use nateglinide</i>)	NF	QL(3 ea daily)
Sodium-Glucose Co-Transporter 2 (SGLT2)		
FARXIGA TABS	3	PA; QL(1 ea daily)
JARDIANCE TABS	2	QL(1 ea daily)
Sulfonylureas		
AMARYL TABS 1 MG, 2 MG (<i>Use glimepiride</i>)	NF	QL(4 ea daily)
AMARYL TABS 4 MG (<i>Use glimepiride</i>)	NF	QL(2 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
<i>glimepiride tabs 1 mg, 2 mg</i>	1B	QL(4 ea daily)
<i>glimepiride tabs 4 mg</i>	1B	QL(2 ea daily)
<i>glipizide tabs 10 mg, 5 mg</i>	1B	QL(4 ea daily)
<i>glipizide tb24 10 mg, 2.5 mg, 5 mg</i>	1B	QL(2 ea daily)
GLUCOTROL TABS (<i>Use glipizide</i>)	NF	QL(4 ea daily)
GLUCOTROL XL TB24 (<i>Use glipizide</i>)	NF	QL(2 ea daily)
<i>glyburide micronized tabs</i>	1B	QL(4 ea daily)
<i>glyburide tabs</i>	1B	QL(4 ea daily)
GLYNASE TABS (<i>Use glyburide micronized</i>)	NF	QL(4 ea daily)
<i>tolbutamide tabs</i>	1B	QL(6 ea daily)

ANTIDIARRHEAL/PROBIOTIC AGENTS - Drugs to Treat Diarrhea

Antiperistaltic Agents

<i>diphenoxylate w/ atropine liqd</i>	1B	
<i>diphenoxylate w/ atropine tabs</i>	1B	
IMODIUM A-D CAPS 2 MG (<i>Use loperamide hcl</i>)	NF	RX/OTC
LOMOTIL TABS (<i>Use diphenoxylate w/ atropine</i>)	NF	
<i>loperamide hcl caps 2 mg</i>	1B	RX/OTC
MOTOFEN TABS	3	

ANTIDOTES AND SPECIFIC ANTAGONISTS

Antidotes - Chelating Agents

CHEMET CAPS	3	
<i>deferasirox pack 180 mg, 360 mg, 90 mg</i>	4	PA
<i>deferasirox tabs 180 mg, 360 mg, 90 mg</i>	4	PA; SP
<i>deferasirox tbso 125 mg, 250 mg, 500 mg</i>	4	PA; SP

Drug Name	Drug Tier	Requirements/ Limits
<i>deferiprone tabs 500 mg</i>	1B	
EXJADE TBSO (<i>Use deferasirox</i>)	NF	PA; SP
FERRIPROX TABS 500 MG (<i>Use deferiprone</i>)	NF	
JADENU SPRINKLE PACK (<i>Use deferasirox</i>)	NF	PA
JADENU TABS (<i>Use deferasirox</i>)	NF	PA; SP
Antidotes and Specific Antagonists		
<i>deferoxamine mesylate solr</i>	4	PA
DESFERAL SOLR (<i>Use deferoxamine mesylate</i>)	4	PA
VISTOGARD PACK	4	PA
Opioid Antagonists		
<i>naloxone hcl liqd na 4 mg/0.1ml</i>	1B	QL(2 ea per fill retail)2 rtl MAX fill,30 rtl day(s) supply,
<i>naloxone hcl soln ij 0.4 mg/ml, 4 mg/10ml</i>	1B	
<i>naltrexone hcl tabs</i>	1B	
NARCAN LIQD (<i>Use naloxone hcl</i>)	3	QL(2 ea per fill retail)2 rtl MAX fill,30 rtl day(s) supply,
ANTIEMETICS - Drugs to Treat Nausea and Vomiting		
5-HT3 Receptor Antagonists		
ALOXI SOLN (<i>Use palonosetron hcl</i>)	NF	
ANZEMET TABS	3	PA; QL(0.167 ea daily)
<i>granisetron hcl soln iv 1 mg/ml</i>	1B	
<i>granisetron hcl tabs or 1 mg</i>	1B	QL(0.34 ea daily)
<i>ondansetron hcl soln ij 4 mg/2ml</i>	1B	
<i>ondansetron hcl soln or 4 mg/5ml</i>	1B	QL(3.34 ml daily)

Drug Name	Drug Tier	Requirements/ Limits
<i>ondansetron hcl tabs or 24 mg</i>	1B	QL(0.143 ea daily)
<i>ondansetron hcl tabs or 4 mg</i>	1B	QL(4 ea daily,60 ea per fill retail,60 ea per fill mail)
<i>ondansetron hcl tabs or 8 mg</i>	1B	QL(3 ea daily,45 ea per fill retail,45 ea per fill mail)
<i>ondansetron tbdp 4 mg</i>	1B	QL(1 ea daily)
<i>ondansetron tbdp 8 mg</i>	1B	
<i>palonosetron hcl soln</i>	1B	
ZOFRAN TABS 4 MG (<i>Use ondansetron hcl</i>)	NF	QL(4 ea daily,60 ea per fill retail,60 ea per fill mail)
ZOFRAN TABS 8 MG (<i>Use ondansetron hcl</i>)	NF	QL(3 ea daily,45 ea per fill retail,45 ea per fill mail)
Antiemetics - Anticholinergic		
<i>meclizine hcl tabs 12.5 mg</i>	1A	RX/OTC
<i>meclizine hcl tabs 25 mg</i>	1B	RX/OTC
<i>scopolamine pt72</i>	1B	QL(0.34 ea daily)
TIGAN CAPS OR 300 MG (<i>Use trimethobenzamide hcl</i>)	NF	
TRANSDERM SCOP PT72 (<i>Use scopolamine</i>)	NF	QL(0.34 ea daily)
TRANSDERM-SCOP PT72 (<i>Use scopolamine</i>)	NF	QL(0.34 ea daily)
<i>trimethobenzamide hcl caps</i>	1B	
Antiemetics - Miscellaneous		
AKYNZEO CAPS OR 0.5 MG-300 MG	3	PA
AKYNZEO SOLR IV 0.25 MG-235 MG	4	PA

Drug Name	Drug Tier	Requirements/ Limits
DICLEGIS TBEC (<i>Use doxylamine-pyridoxine</i>)	NF	PA; QL(4 ea daily)3 rtl MAX fill,365 rtl day(s) supply,3 mail MAX fill,365 mail day(s) supply,
<i>doxylamine-pyridoxine tbec</i>	1B	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>	1B	
MARINOL CAPS (<i>Use dronabinol</i>)	NF	
Substance P/Neurokinin 1 (NK1) Receptor		
<i>aprepitant caps</i>	1B	PA
<i>aprepitant caps 125 mg, 40 mg</i>	1B	PA; QL(0.067 ea daily)
<i>aprepitant caps 80 mg</i>	1B	PA; QL(0.134 ea daily)
<i>aprepitant misc</i>	1B	PA
EMEND CAPS OR 40 MG (<i>Use aprepitant</i>)	NF	PA; QL(0.067 ea daily)
EMEND CAPS OR 80 MG (<i>Use aprepitant</i>)	NF	PA; QL(0.134 ea daily)
EMEND SOLR IV 150 MG (<i>Use fosaprepitant dimeglumine</i>)	4	PA
EMEND TRIPACK CAPS (<i>Use aprepitant</i>)	NF	PA
<i>fosaprepitant dimeglumine solr</i>	4	PA
VARUBI TBPk	3	PA
ANTIFUNGALS - Drugs to Treat Fungal Infections		
Antifungal - Glucan Synthesis Inhibitors		
CANCIDAS SOLR (<i>Use caspofungin acetate</i>)	NF	
<i>caspofungin acetate solr 50 mg, 70 mg</i>	1B	

Drug Name	Drug Tier	Requirements/ Limits
ERAXIS SOLR	3	
<i>miconazole sodium solr</i>	1B	PA
MYCAMINE SOLR (<i>Use miconazole sodium</i>)	NF	PA
Antifungals		
ABELCET SUSP	3	
AMBISOME SUSR (<i>Use amphotericin b liposome</i>)	3	
<i>amphotericin b liposome susr</i>	1B	
<i>amphotericin b solr</i>	3	
ANCOBON CAPS (<i>Use flucytosine</i>)	NF	
<i>flucytosine caps</i>	1B	
<i>griseofulvin microsize susp 125 mg/5ml</i>	1B	AL(At least 2 yrs old)
<i>griseofulvin microsize tabs 500 mg</i>	1B	
<i>griseofulvin ultramicrosize tabs</i>	1B	
<i>nystatin tabs</i>	1B	
<i>terbinafine hcl tabs</i>	1B	QL(1 ea daily)
Imidazole-Related Antifungals		
CRESEMBA CAPS OR 186 MG	3	PA
DIFLUCAN SUSR (<i>Use fluconazole</i>)	NF	
DIFLUCAN TABS (<i>Use fluconazole</i>)	NF	
<i>fluconazole susr</i>	1B	
<i>fluconazole tabs</i>	1B	
<i>itraconazole caps 100 mg</i>	1B	PA; QL(4 ea daily)
<i>itraconazole soln 10 mg/ml</i>	1B	PA; QL(20 ml daily)
<i>ketoconazole tabs</i>	1B	

Drug Name	Drug Tier	Requirements/ Limits
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)	NF	PA; QL(20 ml daily)
TOLSURA CAPS	4	PA
VFEND TABS 200 MG, 50 MG (Use voriconazole)	NF	QL(4 ea daily)
voriconazole tabs or 200 mg, 50 mg	1B	QL(4 ea daily)

ANTIHISTAMINES - Drugs to Treat Allergies

Antihistamines - Alkylamines

dexchlorpheniramine maleate soln	1B	
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Antihistamines - Ethanolamines

BENADRYL ALLERGY CHILDRENS LIQD 12.5 MG/5ML (Use diphenhydramine hcl)	NF	
carbinoxamine maleate soln 4 mg/5ml	1B	
carbinoxamine maleate tabs 4 mg	1B	
CLEMASTINE FUMARATE SYRP 0.67 MG/5ML	1B	
clemastine fumarate tabs 2.68 mg	1B	
diphenhydramine hcl caps or 50 mg	1A	
diphenhydramine hcl elix or 12.5 mg/5ml	1B	
diphenhydramine hcl liqd or 12.5 mg/5ml	1B	
diphenhydramine hcl soln ij 50 mg/ml	1B	

Antihistamines - Non-Sedating

cetirizine hcl tabs 5 mg, 10 mg	1A	QL(1 ea daily)
CLARINEX TABS (Use desloratadine)	NF	QL(1 ea daily)

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

Antihistamines - Phenothiazines

Drug Name	Drug Tier	Requirements/ Limits
PHENERGAN SOLN (<i>Use promethazine hcl</i>)	NF	
<i>promethazine hcl soln</i>	1B	
<i>promethazine hcl supp</i>	1B	
<i>promethazine hcl syrp</i>	1B	
<i>promethazine hcl tabs</i>	1B	
Antihistamines - Piperidines		
<i>cyproheptadine hcl syrp</i>	1B	
<i>cyproheptadine hcl tabs</i>	1B	
ANTIHYPERLIPIDEMICS - Drugs to Treat High Cholesterol		
Antihyperlipidemics - Combinations		
<i>ezetimibe-simvastatin tabs</i>	1B	QL(1 ea daily)
VYTORIN TABS (<i>Use ezetimibe-simvastatin</i>)	NF	QL(1 ea daily)
Antihyperlipidemics - Misc.		
<i>icosapent ethyl caps</i>	1B	PA; QL(4 ea daily)
LOVAZA CAPS (<i>Use omega-3-acid ethyl esters</i>)	NF	QL(4 ea daily)
<i>omega-3-acid ethyl esters caps</i>	1B	QL(4 ea daily)
VASCEPA CAPS 0.5 GM	3	PA; QL(8 ea daily)
Bile Acid Sequestrants		
<i>cholestyramine light pack 4 gm</i>	1B	QL(6 ea daily)
<i>cholestyramine light powd 4 gm/dose</i>	1B	QL(24 gm daily)
<i>cholestyramine pack 4 gm</i>	1B	QL(6 ea daily)
<i>cholestyramine powd 4 gm/dose</i>	1B	QL(25.2 gm daily)
<i>colesevelam hcl pack 3.75 gm</i>	1B	PA; QL(1 ea daily)
<i>colesevelam hcl tabs 625 mg</i>	1B	QL(7 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
COLESTID FLAVORED GRAN 5 GM (<i>Use colestipol hcl</i>)	NF	QL(6 gm daily)
COLESTID FLAVORED PACK 5 GM/7.5GM (<i>Use colestipol hcl</i>)	NF	QL(6 ea daily)
COLESTID GRAN 5 GM (<i>Use colestipol hcl</i>)	NF	QL(6 gm daily)
COLESTID PACK 5 GM (<i>Use colestipol hcl</i>)	NF	QL(6 ea daily)
COLESTID TABS 1 GM (<i>Use colestipol hcl</i>)	NF	QL(16 ea daily)
<i>colestipol hcl gran 5 gm</i>	1B	QL(6 gm daily)
<i>colestipol hcl pack 5 gm</i>	1B	QL(6 ea daily)
<i>colestipol hcl tabs 1 gm</i>	1B	QL(16 ea daily)
QUESTRAN LIGHT POWD (<i>Use cholestyramine light</i>)	NF	QL(24 gm daily)
QUESTRAN PACK 4 GM (<i>Use cholestyramine</i>)	NF	QL(6 ea daily)
QUESTRAN POWD 4 GM/DOSE (<i>Use cholestyramine</i>)	NF	QL(25.2 gm daily)
WELCHOL PACK 3.75 GM (<i>Use colesevelam hcl</i>)	NF	PA; QL(1 ea daily)
WELCHOL TABS 625 MG (<i>Use colesevelam hcl</i>)	NF	QL(7 ea daily)
Fibric Acid Derivatives		
<i>choline fenofibrate cpdr</i>	1B	QL(1 ea daily)
<i>fenofibrate micronized caps 134 mg, 200 mg, 67 mg</i>	1B	QL(1 ea daily)
<i>fenofibrate tabs 145 mg, 48 mg, 54 mg, 160 mg</i>	1B	QL(1 ea daily)
FIBRICOR TABS (<i>Use fenofibric acid</i>)	NF	
<i>gemfibrozil tabs</i>	1B	QL(2 ea daily)
LIPOFEN CAPS (<i>Use fenofibrate</i>)	NF	
LOPID TABS (<i>Use gemfibrozil</i>)	NF	QL(2 ea daily)
TRICOR TABS (<i>Use fenofibrate</i>)	NF	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
TRILIPIX CPDR (<i>Use choline fenofibrate</i>)	NF	QL(1 ea daily)
HMG CoA Reductase Inhibitors		
ALTOPREV TB24	3	ST; QL(1 ea daily)
<i>atorvastatin calcium tabs</i>	1B	QL(1 ea daily)
CRESTOR TABS (<i>Use rosuvastatin calcium</i>)	NF	QL(1 ea daily)
<i>fluvastatin sodium caps 20 mg</i>	3	QL(1 ea daily)
<i>fluvastatin sodium caps 40 mg</i>	3	QL(2 ea daily)
LIPITOR TABS (<i>Use atorvastatin calcium</i>)	NF	QL(1 ea daily)
<i>lovastatin tabs 20 mg, 10 mg</i>	1B	\$0 copay for generic only, age 40 to 76; QL(1 ea daily); PV
<i>lovastatin tabs 40 mg</i>	1B	\$0 copay for generic only, age 40 to 76; QL(2 ea daily); PV
PRAVACHOL TABS (<i>Use pravastatin sodium</i>)	NF	QL(1 ea daily)
<i>pravastatin sodium tabs</i>	1B	QL(1 ea daily)
<i>rosuvastatin calcium tabs</i>	3	QL(1 ea daily)
<i>simvastatin tabs 5 mg, 80 mg, 10 mg, 20 mg, 40 mg</i>	1B	QL(1 ea daily)
ZOCOR TABS (<i>Use simvastatin</i>)	NF	QL(1 ea daily)
Intestinal Cholesterol Absorption Inhibitors		
<i>ezetimibe tabs</i>	1B	QL(1 ea daily)
ZETIA TABS (<i>Use ezetimibe</i>)	NF	QL(1 ea daily)
Nicotinic Acid Derivatives		
<i>niacin (antihyperlipidemic) tbc 1000 mg, 500 mg, 750 mg</i>	1B	QL(2 ea daily)
NIASPAN TBCR (<i>Use niacin (antihyperlipidemic)</i>)	NF	QL(2 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
Proprotein Convertase Subtilisin/Kexin Type 9		
REPATHA PUSHTRONEX SYSTEM SOCT	4	PA; QL(0.25 ml daily)
REPATHA SOSY	4	PA; QL(0.0714 ml daily)
REPATHA SURECLICK SOAJ	4	PA; QL(0.0714 ml daily)
ANTIHYPERTENSIVES - Drugs to Treat High Blood Pressure		
ACE Inhibitors		
ACCUPRIL TABS (<i>Use quinapril hcl</i>)	NF	
ALTACE CAPS (<i>Use ramipril</i>)	NF	
<i>benazepril hcl tabs</i>	1B	
<i>captopril tabs</i>	1B	
<i>enalapril maleate tabs 10 mg, 2.5 mg, 20 mg, 5 mg</i>	1B	
<i>fosinopril sodium tabs</i>	1B	
<i>lisinopril tabs</i>	1B	
LOTENSIN TABS (<i>Use benazepril hcl</i>)	NF	
<i>moexipril hcl tabs</i>	1B	
<i>perindopril erbumine tabs</i>	1B	
PRINIVIL TABS (<i>Use lisinopril</i>)	NF	
<i>quinapril hcl tabs</i>	1B	
<i>ramipril caps</i>	1B	
<i>trandolapril tabs</i>	1B	
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	PA

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

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

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

Drug Name	Drug Tier	Requirements/ Limits
MICARDIS HCT TABS (Use <i>telmisartan-hydrochlorothiazide</i>)	NF	
<i>olmesartan medoxomil-amlodipine-hydrochlorothiazide tabs</i>	1B	ST
<i>olmesartan medoxomil-hydrochlorothiazide tabs</i>	1B	
<i>quinapril-hydrochlorothiazide tabs 10 mg-12.5 mg, 12.5 mg-10 mg</i>	1B	QL(3 ea daily)
<i>quinapril-hydrochlorothiazide tabs 12.5 mg-20 mg</i>	1B	QL(4 ea daily)
<i>quinapril-hydrochlorothiazide tabs 20 mg-25 mg</i>	1B	QL(2 ea daily)
TARKA TBCR (Use <i>trandolapril-verapamil hcl</i>)	NF	
<i>telmisartan-amlodipine tabs</i>	1B	
<i>telmisartan-hydrochlorothiazide tabs</i>	1B	
TENORETIC 100 TABS (Use <i>atenolol & chlorthalidone</i>)	NF	
TENORETIC 50 TABS (Use <i>atenolol & chlorthalidone</i>)	NF	
<i>trandolapril-verapamil hcl tbc</i>	1B	
TRIBENZOR TABS (Use <i>olmesartan medoxomil-amlodipine-hydrochlorothiazide</i>)	NF	ST
TWYNSTA TABS (Use <i>telmisartan-amlodipine</i>)	NF	
<i>valsartan-hydrochlorothiazide tabs</i>	1B	
VASERETIC TABS (Use <i>enalapril maleate & hydrochlorothiazide</i>)	NF	
ZESTORETIC TABS (Use <i>lisinopril & hydrochlorothiazide</i>)	NF	

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

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

Drug Name	Drug Tier	Requirements/ Limits
PLAQUENIL TABS (<i>Use hydroxychloroquine sulfate</i>)	NF	
<i>primaquine phosphate tabs</i>	3	
PRIMAQUINE PHOSPHATE TABS (<i>Use primaquine phosphate</i>)	NF	
<i>pyrimethamine tabs</i>	1B	PA; QL(3 ea daily)
QUALAQUIN CAPS (<i>Use quinine sulfate</i>)	NF	PA;
<i>quinine sulfate caps</i>	1B	PA;
ANTIMYASTHENIC/CHOLINERGIC AGENTS		
Antimyasthenic/Cholinergic Agents		
FIRDAPSE TABS	4	PA
GUANIDINE HCL TABS	2	
MESTINON SOLN (<i>Use pyridostigmine bromide</i>)	NF	
MESTINON TABS (<i>Use pyridostigmine bromide</i>)	NF	
MESTINON TIMESPAN TBCR (<i>Use pyridostigmine bromide</i>)	NF	
NEOSTIGMINE METHYLSULFATE SOSY 3 MG/3ML	3	PA
<i>pyridostigmine bromide soln 60 mg/5ml</i>	1B	
<i>pyridostigmine bromide tabs 60 mg</i>	1B	
<i>pyridostigmine bromide tbcr 180 mg</i>	1B	
RUZURGI TABS	4	PA; QL(10 ea daily)
ANTIMYCOBACTERIAL AGENTS - Drugs to Treat Tuberculosis (Bacterial Infections)		
Anti TB Combinations		
RIFAMATE CAPS	3	
RIFATER TABS	3	QL(6 ea daily)
Antimycobacterial Agents		

Drug Name	Drug Tier	Requirements/ Limits
CAPASTAT SULFATE SOLR	3	
<i>cycloserine caps</i>	1B	QL(4 ea daily)
<i>ethambutol hcl tabs</i>	1B	
<i>isoniazid soln</i>	1B	
<i>isoniazid syrp</i>	1B	
<i>isoniazid tabs</i>	1B	
MYAMBUTOL TABS (<i>Use ethambutol hcl</i>)	NF	
MYCOBUTIN CAPS (<i>Use rifabutin</i>)	NF	PA
PASER PACK	3	QL(3 ea daily)
PRIFTIN TABS	3	
<i>pyrazinamide tabs</i>	1B	
<i>rifabutin caps</i>	1B	PA
RIFADIN CAPS (<i>Use rifampin</i>)	NF	
RIFADIN SOLR (<i>Use rifampin</i>)	NF	
<i>rifampin caps</i>	1B	
<i>rifampin solr</i>	1B	
SIRTURO TABS 100 MG	3	PA
TRECATOR TABS	3	QL(4 ea daily)
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES - Drugs to Treat Cancer		
Alkylating Agents		
ALKERAN SOLR (<i>Use melphalan hcl</i>)	NF	
ALKERAN TABS (<i>Use melphalan</i>)	NF	
BELRAPZO SOLN	4	PA
BENDAMUSTINE HYDROCHLORIDE SOLN	4	PA

Drug Name	Drug Tier	Requirements/ Limits
BENDEKA SOLN	4	PA
BICNU SOLR (<i>Use carmustine</i>)	NF	PA; SP
<i>busulfan soln</i>	4	PA; SP
BUSULFEX SOLN (<i>Use busulfan</i>)	NF	PA; SP
<i>carboplatin soln 450 mg/45ml, 150 mg/15ml, 50 mg/5ml</i>	4	PA
<i>carboplatin soln 50 mg/5ml</i>	4	PA; SP
<i>carmustine solr</i>	4	PA; SP
<i>cisplatin soln 100 mg/100ml</i>	4	PA; SP
<i>cisplatin soln 200 mg/200ml, 50 mg/50ml</i>	4	PA
<i>cyclophosphamide caps or 25 mg, 50 mg</i>	1B	PA
<i>cyclophosphamide solr ij 1 gm, 2 gm, 500 mg</i>	4	PA; SP
EVOMELA SOLR	4	PA
GLEOSTINE CAPS 10 MG	4	PA; SP
GLEOSTINE CAPS 100 MG, 40 MG	4	PA
IFEX SOLR 1 GM (<i>Use ifosfamide</i>)	NF	PA; SP
IFEX SOLR 3 GM	4	PA
<i>ifosfamide soln 1 gm/20ml</i>	4	PA; SP
<i>ifosfamide solr 1 gm</i>	4	PA; SP
IFOSFAMIDE SOLR 3 GM	4	PA
LEUKERAN TABS	4	PA; SP
<i>melphalan hcl solr</i>	1B	
<i>melphalan tabs</i>	1B	
MYLERAN TABS	4	PA; SP

Drug Name	Drug Tier	Requirements/ Limits
<i>oxaliplatin soln 100 mg/20ml, 50 mg/10ml</i>	4	PA; SP
TEMODAR CAPS OR 100 MG, 140 MG, 180 MG, 20 MG, 250 MG, 5 MG (<i>Use temozolomide</i>)	NF	PA; SP
TEMODAR SOLR IV 100 MG	4	PA; SP
<i>temozolomide caps</i>	4	PA; SP
TEPADINA SOLR 100 MG (<i>Use thiotepa</i>)	4	PA
TEPADINA SOLR 15 MG (<i>Use thiotepa</i>)	NF	PA; SP
<i>thiotepa solr 100 mg</i>	4	PA
<i>thiotepa solr 15 mg</i>	4	PA; SP
TREANDA SOLR	4	PA; SP
YONDELIS SOLR	4	PA
ZANOSAR SOLR	4	PA; SP
Antimetabolites		
ALIMTA SOLR 100 MG	4	PA
ALIMTA SOLR 500 MG	4	PA; SP
ARRANON SOLN (<i>Use nelarabine</i>)	4	PA; SP
<i>azacitidine susr</i>	4	PA; SP
<i>capecitabine tabs</i>	4	PA; SP
<i>cladribine soln</i>	4	PA
<i>clofarabine soln</i>	4	PA; SP
CLOLAR SOLN (<i>Use clofarabine</i>)	NF	PA; SP
<i>cytarabine soln 100 mg/ml, 20 mg/ml</i>	4	PA; SP
DACOGEN SOLR (<i>Use decitabine</i>)	NF	PA; SP
<i>decitabine solr</i>	4	PA; SP

Drug Name	Drug Tier	Requirements/ Limits
<i>floxuridine solr</i>	4	PA; SP
<i>fludarabine phosphate soln</i>	4	PA; SP
<i>fludarabine phosphate solr</i>	4	PA; SP
<i>fluorouracil soln 1 gm/20ml, 5 gm/100ml, 2.5 gm/50ml</i>	4	PA
<i>fluorouracil soln 500 mg/10ml</i>	4	PA; SP
FOLOTYN SOLN	4	PA;
<i>gemcitabine hcl solr 1 gm</i>	4	PA
<i>gemcitabine hcl solr 2 gm</i>	4	PA;
<i>gemcitabine hcl solr 200 mg</i>	4	PA; SP
GEMCITABINE HYDROCHLORIDE SOLN 1 GM/10ML, 2 GM/20ML, 200 MG/2ML (Use <i>gemcitabine hcl</i>)	NF	
<i>mercaptopurine tabs</i>	1B	
<i>methotrexate sodium soln ij 250 mg/10ml, 50 mg/2ml</i>	1B	
<i>methotrexate sodium solr ij 1 gm</i>	1B	SP
<i>methotrexate sodium tabs or 2.5 mg</i>	1B	SP
<i>nelarabine soln</i>	4	PA; SP
TABLOID TABS	4	PA; SP
TREXALL TABS	4	PA; SP
VIDAZA SUSR (Use <i>azacitidine</i>)	NF	PA; SP
XELODA TABS (Use <i>capecitabine</i>)	NF	PA; SP
Antineoplastic - Angiogenesis Inhibitors		
CYRAMZA SOLN	4	PA
INLYTA TABS	4	PA; QL(2 ea daily); SP
LENVIMA 10 MG DAILY DOSE CPPK	4	PA; QL(1 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
LENVIMA 12MG DAILY DOSE CPPK	4	PA; QL(3 ea daily)
LENVIMA 14 MG DAILY DOSE CPPK	4	PA; QL(2 ea daily)
LENVIMA 18 MG DAILY DOSE CPPK	4	PA; QL(3 ea daily)
LENVIMA 20 MG DAILY DOSE CPPK	4	PA; QL(2 ea daily)
LENVIMA 24 MG DAILY DOSE CPPK	4	PA; QL(3 ea daily)
LENVIMA 4 MG DAILY DOSE CPPK	4	PA; QL(1 ea daily)
LENVIMA 8 MG DAILY DOSE CPPK	4	PA; QL(2 ea daily)
MVASI SOLN	4	PA
ZALTRAP SOLN 100 MG/4ML	4	PA; SP
ZIRABEV SOLN	4	PA
Antineoplastic - Anti-HER2 Agents		
PERJETA SOLN	4	PA; SP
TUKYSA TABS	4	PA
Antineoplastic - Antibodies		
ADCETRIS SOLR	4	PA; SP
ARZERRA CONC	4	PA; SP
BAVENCIO SOLN	4	PA
BESPONSA SOLR	4	PA
BLINCYTO SOLR	4	PA
DARZALEX SOLN	4	PA
EMPLICITI SOLR	4	PA
GAZYVA SOLN	4	PA
IMFINZI SOLN	4	PA
KADCYLA SOLR	4	PA
KEYTRUDA SOLN	4	PA

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

Drug Name	Drug Tier	Requirements/ Limits
Antineoplastic - Hormonal and Related Agents		
<i>abiraterone acetate tabs 250 mg</i>	4	PA; QL(4 ea daily); SP
<i>abiraterone acetate tabs 500 mg</i>	4	PA; QL(2 ea daily)
<i>anastrozole tabs</i>	1B	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
EULEXIN CAPS	4	PA; QL(6 ea daily); SP
<i>exemestane tabs</i>	4	QL(1 ea daily); SP
FARESTON TABS (<i>Use toremifene citrate</i>)	NF	
FASLODEX SOLN (<i>Use fulvestrant</i>)	NF	PA; QL(0.357 ml daily); SP
FEMARA TABS (<i>Use letrozole</i>)	NF	
FIRMAGON SOLR	4	PA; QL(0.143 ea daily); SP
<i>flutamide caps</i>	4	PA; QL(6 ea daily); SP
<i>fulvestrant soln</i>	4	PA; QL(0.357 ml daily); SP
<i>letrozole tabs</i>	1B	
<i>leuprolide acetate kit</i>	4	PA; SP
LUPRON DEPOT (1-MONTH) KIT	4	PA; QL(0.0357 ea daily); SP

Drug Name	Drug Tier	Requirements/ Limits
LUPRON DEPOT (3-MONTH) KIT	4	PA; SP
LUPRON DEPOT (4-MONTH) KIT	4	PA; QL(0.1339 ea daily); SP
LUPRON DEPOT (6-MONTH) KIT	4	PA; QL(0.0089 ea daily); SP
LYSODREN TABS	4	PA; SP
<i>megestrol acetate susp</i>	1B	
<i>megestrol acetate tabs</i>	1B	
NILANDRON TABS (Use <i>nilutamide</i>)	NF	QL(2 ea daily)
<i>nilutamide tabs</i>	1B	QL(2 ea daily)
NUBEQA TABS	4	PA; QL(4 ea daily)
<i>tamoxifen citrate tabs</i>	0	
<i>toremifene citrate tabs</i>	1B	
TRELSTAR MIXJECT SUSR	4	PA; SP
VANTAS KIT	4	PA
XTANDI CAPS 40 MG	4	PA; QL(4 ea daily); SP
YONSA TABS	4	PA; QL(4 ea daily)
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 (Use <i>abiraterone acetate</i>)	NF	PA; QL(4 ea daily); SP
ZYTIGA TABS 500 MG (Use <i>abiraterone acetate</i>)	NF	PA; QL(2 ea daily)
Antineoplastic - Immunomodulators		
POMALYST CAPS	4	PA; QL(1 ea daily)
Antineoplastic - PDGFR-alpha Inhibitors		
AYVAKIT TABS 100 MG, 200 MG, 300 MG	4	PA; SL(1 ea daily)
LARTRUVO SOLN	4	PA

Drug Name	Drug Tier	Requirements/ Limits
Antineoplastic - XPO1 Inhibitors		
XPOVIO 100 MG ONCE WEEKLY TBPk	4	PA
XPOVIO 60 MG ONCE WEEKLY TBPk	4	PA
XPOVIO 80 MG ONCE WEEKLY TBPk	4	PA
XPOVIO 80 MG TWICE WEEKLY TBPk	4	PA
Antineoplastic Antibiotics		
<i>bleomycin sulfate solr 15 unit</i>	4	PA; SP
COSMEGEN SOLR (Use <i>dactinomycin</i>)	NF	PA; SP
<i>dactinomycin solr</i>	4	PA; SP
<i>daunorubicin hcl soln</i>	4	PA;
DAUNORUBICIN HYDROCHLORIDE SOLN 20 MG/4ML (Use <i>daunorubicin hcl</i>)	4	PA;
DAUNORUBICIN HYDROCHLORIDE SOLN 50 MG/10ML	4	PA;
DOXIL INJ (Use <i>doxorubicin hcl liposomal</i>)	NF	PA; SP
<i>doxorubicin hcl liposomal inj</i>	4	PA; SP
<i>doxorubicin hcl soln 2 mg/ml, 200 mg/100ml</i>	4	PA; SP
<i>doxorubicin hcl solr 10 mg</i>	4	PA
<i>doxorubicin hcl solr 50 mg</i>	4	PA; SP
<i>epirubicin hcl soln 50 mg/25ml</i>	4	PA; SP
IDAMYCIN PFS SOLN 10 MG/10ML, 5 MG/5ML (Use <i>idarubicin hcl</i>)	NF	PA; SP
IDAMYCIN PFS SOLN 20 MG/20ML (Use <i>idarubicin hcl</i>)	NF	PA
<i>idarubicin hcl soln 10 mg/10ml, 5 mg/5ml</i>	4	PA; SP

Drug Name	Drug Tier	Requirements/ Limits
<i>idarubicin hcl soln 20 mg/20ml</i>	4	PA
<i>mitomycin solr iv 20 mg</i>	4	PA; SP
<i>mitoxantrone hcl conc</i>	4	PA; SP
<i>valrubicin soln</i>	4	PA; SP
VALSTAR SOLN (Use <i>valrubicin</i>)	NF	PA; SP
Antineoplastic Combinations		
KISQALI FEMARA 200 DOSE TBPk	3	PA
KISQALI FEMARA 400 DOSE TBPk	3	PA
KISQALI FEMARA 600 DOSE TBPk	3	PA
VYXEOS SUSR	4	PA
Antineoplastic Enzyme Inhibitors		
AFINITOR TABS (Use <i>everolimus</i>)	NF	PA; QL(1 ea daily); SP
ALECENSA CAPS	4	PA; QL(4 ea daily)
ALUNBRIG TABS	4	PA; QL(1 ea daily)
ALUNBRIG TBPk	4	PA; QL(1 ea daily)
BALVERSA TABS	4	PA
BELEODAQ SOLR	4	PA
BORTEZOMIB SOLR	4	PA;
BOSULIF TABS 100 MG, 500 MG	4	PA; QL(1 ea daily); SP
BOSULIF TABS 400 MG	4	PA;
BRAFTOVI CAPS	4	PA; SP
BRUKINSA CAPS	4	PA
CAPRELSA TABS	4	PA; QL(1 ea daily); SP
COMETRIQ KIT	4	PA; QL(2 ea daily); SP

Drug Name	Drug Tier	Requirements/ Limits
COMETRIQ KIT	4	PA; QL(4 ea daily); SP
COMETRIQ KIT	4	PA; QL(3 ea daily); SP
COPIKTRA CAPS	4	PA
<i>everolimus tabs 10 mg, 5 mg, 7.5 mg, 2.5 mg</i>	4	PA; QL(1 ea daily); SP
GLEEVEC TABS (Use <i>imatinib mesylate</i>)	NF	PA; QL(2 ea daily); SP
IBRANCE CAPS	3	PA
IBRANCE TABS	3	PA
ICLUSIG TABS 10 MG, 15 MG, 30 MG, 45 MG	4	PA; QL(1 ea daily)
<i>imatinib mesylate tabs</i>	4	PA; QL(2 ea daily); SP
IMBRUVICA CAPS 140 MG	4	PA; QL(3 ea daily)
IMBRUVICA CAPS 70 MG	4	PA; QL(1 ea daily)
IMBRUVICA TABS 140 MG, 280 MG, 420 MG, 560 MG	4	PA; QL(1 ea daily)
INREBIC CAPS	4	PA
ISTODAX (OVERFILL) SOLR	4	PA; SP
JAKAFI TABS 10 MG, 20 MG	4	PA; SP
JAKAFI TABS 15 MG, 25 MG, 5 MG	4	PA; QL(2 ea daily); SP
KISQALI TBPk	3	PA
KOSELUGO CAPS	4	PA
KYPROLIS SOLR	4	PA
<i>lapatinib ditosylate tabs</i>	4	PA; QL(6 ea daily); SP
LORBRENA TABS	4	PA; QL(1 ea daily)
LYNPARZA TABS	4	PA; QL(4 ea daily)
MEKINIST TABS 0.5 MG	4	PA; QL(3 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
MEKINIST TABS 2 MG	4	PA; QL(1 ea daily)
MEKTOVI TABS	4	PA; SP
NEXAVAR TABS	4	PA; QL(4 ea daily); SP
NINLARO CAPS	4	PA; QL(0.143 ea daily)
PEMAZYRE TABS	4	PA; QL(1 ea daily)
PIQRAY 200MG DAILY DOSE TBPk	4	PA
PIQRAY 250MG DAILY DOSE TBPk	4	PA
PIQRAY 300MG DAILY DOSE TBPk	4	PA
QINLOCK TABS	4	PA
RETEVMO CAPS	4	PA
ROMIDEPSIN SOLR 10 MG	4	PA; SP
<i>romidepsin solr 10 mg</i>	4	PA; SP
ROZLYTREK CAPS	4	PA
RUBRACA TABS	4	PA; QL(4 ea daily)
SPRYCEL TABS	4	PA; QL(1 ea daily); SP
STIVARGA TABS	4	PA; QL(4 ea daily); SP
<i>sunitinib malate caps 12.5 mg, 25 mg, 50 mg</i>	4	PA; QL(1 ea daily); SP
SUTENT CAPS 12.5 MG, 25 MG, 50 MG (<i>Use sunitinib malate</i>)	4	PA; QL(1 ea daily); SP
TABRECTA TABS	4	PA
TAFINLAR CAPS	4	PA; QL(4 ea daily)
TALZENNA CAPS	4	PA; QL(1 ea daily)
TASIGNA CAPS 150 MG, 200 MG	4	PA; QL(4 ea daily); SP
TASIGNA CAPS 50 MG	4	PA; QL(4 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
TAZVERIK TABS	4	PA
<i>temsirolimus soln</i>	4	PA; QL(0.143 ml daily); SP
TIBSOVO TABS	4	PA
TORISEL SOLN (<i>Use temsirolimus</i>)	NF	PA; QL(0.143 ml daily); SP
TURALIO CAPS	4	PA; AC
TYKERB TABS (<i>Use lapatinib ditosylate</i>)	4	PA; QL(6 ea daily); SP
VELCADE SOLR	4	PA; SP
VERZENIO TABS	4	PA
VITRAKVI CAPS	4	PA
VITRAKVI SOLN	4	PA
VOTRIENT TABS	4	PA; QL(4 ea daily); SP
XALKORI CAPS	4	PA; QL(2 ea daily); SP
XOSPATA TABS	4	PA
ZEJULA CAPS	4	PA; QL(3 ea daily)
ZELBORAF TABS	4	PA; SP
ZOLINZA CAPS	4	PA; QL(4 ea daily); SP
ZYDELIG TABS	4	PA; QL(2 ea daily)
Antineoplastic Enzymes		
ERWINASE SOLR	4	PA; SP
ERWINAZE SOLR	4	PA; SP
ONCASPARG SOLN	4	PA; SP
Antineoplastics Misc.		
ACTIMMUNE SOLN	4	PA; SP
<i>arsenic trioxide soln 10 mg/10ml</i>	4	PA; SP

Drug Name	Drug Tier	Requirements/Limits
<i>bexarotene caps</i>	4	PA; SP
<i>dacarbazine solr 100 mg</i>	4	PA
<i>dacarbazine solr 200 mg</i>	4	PA; SP
HYDREA CAPS (<i>Use hydroxyurea</i>)	NF	
<i>hydroxyurea caps</i>	1B	
INTRON A SOLN 10000000 UNIT/ML, 6000000 UNIT/ML	4	PA
INTRON A SOLR 18000000 UNIT	4	PA; SP
MATULANE CAPS	4	PA; SP
NIPENT SOLR	4	PA; SP
PHOTOFRIN SOLR	4	PA; SP
PROLEUKIN SOLR	4	PA; SP
SYNRIBO SOLR	4	PA; SP
TARGRETIN CAPS OR 75 MG (<i>Use bexarotene</i>)	NF	PA; SP
TICE BCG SUSR	4	PA
<i>tretinoin (chemotherapy) caps</i>	1B	
UVADEX SOLN	4	PA; SP
Chemotherapy Adjuncts		
ELITEK SOLR	4	PA
KEPIVANCE SOLR	4	PA; SP
Chemotherapy Rescue/Antidote/Protective Agents		
KHAPZORY SOLR	4	PA
<i>leucovorin calcium solr ij 500 mg, 100 mg, 200 mg, 350 mg, 50 mg</i>	1B	
<i>leucovorin calcium tabs or 10 mg, 15 mg, 25 mg, 5 mg</i>	1B	
<i>mesna soln</i>	4	PA

Drug Name	Drug Tier	Requirements/Limits
MESNEX SOLN IV 100 MG/ML (<i>Use mesna</i>)	4	PA
VORAXAZE SOLR	4	PA; SP
Mitotic Inhibitors		
ABRAXANE SUSR	4	PA; SP
<i>docetaxel conc 20 mg/ml</i>	4	PA; SP
DOCETAXEL CONC 20 MG/ML (<i>Use docetaxel</i>)	NF	PA; SP
DOCETAXEL CONC 80 MG/4ML (<i>Use docetaxel</i>)	NF	
DOCETAXEL SOLN 20 MG/2ML	4	PA; SP
<i>docetaxel soln 20 mg/2ml</i>	4	PA; SP
DOCETAXEL SOLN 20 MG/2ML (<i>Use docetaxel</i>)	4	PA; SP
ETOPOPHOS SOLR	4	PA; SP
<i>etoposide caps</i>	4	PA; SP
<i>etoposide soln</i>	4	PA; SP
HALAVEN SOLN	4	PA; SP
IXEMPRA KIT SOLR 15 MG	4	PA; SP
IXEMPRA KIT SOLR 45 MG	4	PA
JEVTANA SOLN	4	PA; SP
MARQIBO SUSP	4	PA
NAVELBINE SOLN 10 MG/ML (<i>Use vinorelbine tartrate</i>)	NF	PA; SP
NAVELBINE SOLN 50 MG/5ML (<i>Use vinorelbine tartrate</i>)	NF	PA
<i>paclitaxel conc 150 mg/25ml, 100 mg/16.7ml, 6 mg/ml</i>	4	PA; SP
<i>paclitaxel conc 30 mg/5ml, 300 mg/50ml, 6 mg/ml</i>	4	PA

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

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

Drug Name	Drug Tier	Requirements/ Limits
MIRAPEX TABS 0.25 MG, 0.5 MG, 0.75 MG, 1 MG, 1.5 MG (<i>Use pramipexole dihydrochloride</i>)	NF	
NEUPRO PT24	2	
PARLODEL CAPS (<i>Use bromocriptine mesylate</i>)	NF	
PARLODEL TABS (<i>Use bromocriptine mesylate</i>)	NF	
<i>pramipexole dihydrochloride tabs 0.125 mg</i>	1B	QL(4 ea daily)
<i>pramipexole dihydrochloride tabs 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg</i>	1B	
REQUIP XL TB24 12 MG (<i>Use ropinirole hydrochloride</i>)	NF	ST; QL(2 ea daily)
REQUIP XL TB24 6 MG (<i>Use ropinirole hydrochloride</i>)	NF	ST; QL(1 ea daily)
<i>ropinirole hydrochloride tabs 0.25 mg, 3 mg, 1 mg, 2 mg, 4 mg, 5 mg, 0.5 mg</i>	1B	
<i>ropinirole hydrochloride tb24 12 mg, 8 mg</i>	1B	ST; QL(2 ea daily)
<i>ropinirole hydrochloride tb24 2 mg, 4 mg, 6 mg</i>	1B	ST; QL(1 ea daily)
SINEMET TABS (<i>Use carbidopa-levodopa</i>)	NF	
STALEVO 100 TABS (<i>Use carbidopa-levodopa-entacapone</i>)	NF	
STALEVO 125 TABS (<i>Use carbidopa-levodopa-entacapone</i>)	NF	
STALEVO 150 TABS (<i>Use carbidopa-levodopa-entacapone</i>)	NF	
STALEVO 200 TABS (<i>Use carbidopa-levodopa-entacapone</i>)	NF	
STALEVO 50 TABS (<i>Use carbidopa-levodopa-entacapone</i>)	NF	

Drug Name	Drug Tier	Requirements/ Limits
STALEVO 75 TABS (<i>Use carbidopa-levodopa-entacapone</i>)	NF	
Antiparkinson Monoamine Oxidase Inhibitors		
AZILECT TABS (<i>Use rasagiline mesylate</i>)	NF	PA; QL(1 ea daily)
<i>rasagiline mesylate tabs</i>	1B	PA; QL(1 ea daily)
<i>selegiline hcl caps</i>	1B	
<i>selegiline hcl tabs</i>	1B	
ANTIPSYCHOTICS/ANTIMANIC AGENTS - Drugs to Treat Mood Disorders		
Antimanic Agents		
<i>lithium carbonate caps</i>	1B	
<i>lithium carbonate tabs</i>	1B	
<i>lithium carbonate tbc</i>	1B	
LITHIUM SOLN	1B	
LITHOBID TBCR (<i>Use lithium carbonate</i>)	NF	
Antipsychotics - Misc.		
EQUETRO CP12 100 MG	3	ST; QL(2 ea daily)
EQUETRO CP12 200 MG	3	ST; QL(8 ea daily)
EQUETRO CP12 300 MG	3	ST; QL(4 ea daily)
GEODON CAPS OR 20 MG, 40 MG, 60 MG, 80 MG (<i>Use ziprasidone hcl</i>)	NF	QL(2 ea daily); AL(At least 18 yrs old)
LATUDA TABS 120 MG, 20 MG, 40 MG, 60 MG	3	PA; QL(1 ea daily)
LATUDA TABS 80 MG	3	PA; QL(2 ea daily)
<i>ziprasidone hcl caps</i>	1B	QL(2 ea daily); AL(At least 18 yrs old)
Benzisoxazoles		
FANAPT TABS	2	PA; QL(2 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
FANAPT TITRATION PACK TABS	2	PA
INVEGA TB24 3 MG, 1.5 MG, 9 MG (<i>Use paliperidone</i>)	NF	QL(1 ea daily)
INVEGA TB24 6 MG (<i>Use paliperidone</i>)	NF	QL(2 ea daily)
<i>paliperidone tb24 3 mg, 1.5 mg, 9 mg</i>	1B	QL(1 ea daily)
<i>paliperidone tb24 6 mg</i>	1B	QL(2 ea daily)
PERSERIS PRSY	2	PA; QL(0.072 ea daily)
RISPERDAL CONSTA SRER	2	PA; QL(0.072 ea daily)
RISPERDAL SOLN 1 MG/ML (<i>Use risperidone</i>)	NF	QL(8 ml daily)
RISPERDAL TABS 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG (<i>Use risperidone</i>)	NF	QL(4 ea daily)
<i>risperidone soln 1 mg/ml</i>	1B	QL(8 ml daily)
<i>risperidone tabs 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	1B	QL(4 ea daily)
<i>risperidone tbdp 0.25 mg</i>	1B	QL(2 ea daily)
<i>risperidone tbdp 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	1B	QL(4 ea daily)
Butyrophenones		
HALDOL DECANOATE 100 SOLN (<i>Use haloperidol decanoate</i>)	NF	QL(0.036 ml daily)
HALDOL DECANOATE 50 SOLN (<i>Use haloperidol decanoate</i>)	NF	QL(0.036 ml daily)
HALDOL SOLN (<i>Use haloperidol lactate</i>)	NF	
<i>haloperidol decanoate soln</i>	1B	QL(0.036 ml daily)
<i>haloperidol lactate conc</i>	1B	
<i>haloperidol lactate soln</i>	1B	
<i>haloperidol tabs</i>	1B	
Dibenzapines		

Drug Name	Drug Tier	Requirements/ Limits
<i>asenapine maleate subl 10 mg, 5 mg</i>	1B	PA; QL(2 ea daily)
<i>asenapine maleate subl 2.5 mg</i>	1B	PA; QL(4 ea daily)
<i>clozapine tabs 200 mg, 100 mg, 25 mg, 50 mg</i>	1B	
<i>clozapine tbdp 100 mg</i>	1B	QL(9 ea daily)
<i>clozapine tbdp 12.5 mg, 150 mg</i>	1B	QL(6 ea daily)
<i>clozapine tbdp 200 mg</i>	1B	QL(4 ea daily)
<i>clozapine tbdp 25 mg</i>	1B	QL(3 ea daily)
CLOZARIL TABS (<i>Use clozapine</i>)	NF	
<i>loxapine succinate caps</i>	1B	
<i>olanzapine solr im 10 mg</i>	1B	QL(0.215 ea daily)
<i>olanzapine tabs or 10 mg, 15 mg, 20 mg, 7.5 mg</i>	1B	QL(2 ea daily)
<i>olanzapine tabs or 2.5 mg, 5 mg</i>	1B	QL(4 ea daily)
<i>olanzapine tbdp or 10 mg, 15 mg, 5 mg</i>	1B	QL(2 ea daily)
<i>olanzapine tbdp or 20 mg</i>	1B	QL(1 ea daily)
<i>quetiapine fumarate tabs 100 mg, 200 mg, 25 mg, 50 mg</i>	1B	QL(4 ea daily); AL(At least 10 yrs old)
<i>quetiapine fumarate tabs 300 mg, 400 mg</i>	1B	QL(2 ea daily); AL(At least 10 yrs old)
<i>quetiapine fumarate tb24 150 mg, 200 mg, 50 mg</i>	1B	QL(1 ea daily)
<i>quetiapine fumarate tb24 300 mg, 400 mg</i>	1B	QL(2 ea daily)
SAPHRIS SUBL 10 MG, 5 MG (<i>Use asenapine maleate</i>)	NF	PA; QL(2 ea daily)
SAPHRIS SUBL 2.5 MG (<i>Use asenapine maleate</i>)	NF	PA; QL(4 ea daily)
SEROQUEL TABS 100 MG, 200 MG, 25 MG, 50 MG (<i>Use quetiapine fumarate</i>)	NF	QL(4 ea daily); AL(At least 10 yrs old)

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 150 MG, 200 MG, 50 MG (<i>Use quetiapine fumarate</i>)	NF	QL(1 ea daily)
SEROQUEL XR TB24 300 MG, 400 MG (<i>Use quetiapine fumarate</i>)	NF	QL(2 ea daily)
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 2.5 MG, 5 MG (<i>Use olanzapine</i>)	NF	QL(4 ea daily)
ZYPREXA ZYDIS TBDP 10 MG, 15 MG, 5 MG (<i>Use olanzapine</i>)	NF	QL(2 ea daily)
ZYPREXA ZYDIS TBDP 20 MG (<i>Use olanzapine</i>)	NF	QL(1 ea daily)
Phenothiazines		
<i>chlorpromazine hcl soln ij 25 mg/ml, 50 mg/2ml</i>	3	
<i>chlorpromazine hcl tabs or 10 mg, 100 mg, 200 mg, 25 mg, 50 mg</i>	1B	
<i>fluphenazine hcl conc</i>	1B	
<i>fluphenazine hcl elix</i>	1B	
<i>fluphenazine hcl soln</i>	1B	
<i>fluphenazine hcl tabs</i>	1B	
<i>perphenazine tabs</i>	1B	
<i>prochlorperazine maleate tabs</i>	1B	
<i>prochlorperazine supp</i>	1B	
<i>thioridazine hcl tabs</i>	1B	
<i>trifluoperazine hcl tabs</i>	1B	
Quinolinone Derivatives		

Drug Name	Drug Tier	Requirements/Limits
ABILIFY TABS (<i>Use aripiprazole</i>)	NF	QL(1 ea daily); AL(At least 6 yrs old)
<i>aripiprazole soln 1 mg/ml</i>	3	QL(30 ml daily); AL(At least 6 yrs old)
<i>aripiprazole tabs 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg</i>	1B	QL(1 ea daily); AL(At least 6 yrs old)
REXULTI TABS	3	PA
Thioxanthenes		
<i>thiothixene caps</i>	1B	
ANTIVIRALS - Drugs to Treat Viral Infections		
Antiretrovirals		
<i>abacavir sulfate soln 20 mg/ml</i>	1B	QL(32 ml daily)
<i>abacavir sulfate tabs 300 mg</i>	1B	
<i>abacavir sulfate-lamivudine tabs</i>	1B	QL(1 ea daily)
<i>abacavir sulfate-lamivudine-zidovudine tabs</i>	1B	QL(2 ea daily)
APTIVUS CAPS 250 MG	2	QL(4 ea daily)
APTIVUS SOLN 100 MG/ML	2	QL(10 ml daily)
<i>atazanavir sulfate caps 150 mg, 300 mg</i>	1B	QL(1 ea daily)
<i>atazanavir sulfate caps 200 mg</i>	1B	QL(2 ea daily)
ATRIPLA TABS (<i>Use efavirenz-emtricitabine-tenofovir disoproxil fumarate</i>)	NF	QL(1 ea daily)
BIKTARVY TABS	2	QL(1 ea daily)
CIMDUO TABS	2	QL(1 ea daily)
COMBIVIR TABS (<i>Use lamivudine-zidovudine</i>)	3	
COMPLERA TABS	2	QL(1 ea daily)
CRIXIVAN CAPS 200 MG	2	QL(9 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
CRIXIVAN CAPS 400 MG	2	QL(6 ea daily)
DELSTRIGO TABS	2	QL(1 ea daily)
DESCOVY TABS 25 MG-200 MG	2	PA; QL(1 ea daily)
<i>didanosine cpdr 200 mg</i>	1B	QL(2 ea daily)
<i>didanosine cpdr 250 mg</i>	1B	
<i>didanosine cpdr 400 mg</i>	1B	QL(1 ea daily)
DOVATO TABS	2	QL(1 ea daily)
EDURANT TABS	2	QL(1 ea daily)
<i>efavirenz caps 200 mg</i>	1B	QL(2 ea daily)
<i>efavirenz caps 50 mg</i>	1B	QL(3 ea daily)
<i>efavirenz tabs 600 mg</i>	1B	QL(1 ea daily)
<i>efavirenz-emtricitabine-tenofovir disoproxil fumarate tabs</i>	1B	QL(1 ea daily)
<i>efavirenz-lamivudine-tenofovir disoproxil fumarate tabs</i>	1B	QL(1 ea daily)
<i>emtricitabine caps</i>	1B	QL(1 ea daily)
<i>emtricitabine-tenofovir disoproxil fumarate tabs</i>	1B	QL(1 ea daily)
EMTRIVA CAPS 200 MG (Use <i>emtricitabine</i>)	2	QL(1 ea daily)
EMTRIVA SOLN 10 MG/ML	2	QL(24 ml daily)
EPIVIR SOLN 10 MG/ML (Use <i>lamivudine</i>)	3	QL(30 ml daily)
EPIVIR TABS 150 MG (Use <i>lamivudine</i>)	3	QL(2 ea daily)
EPIVIR TABS 300 MG (Use <i>lamivudine</i>)	3	QL(1 ea daily)
EPZICOM TABS (Use <i>abacavir sulfate-lamivudine</i>)	2	QL(1 ea daily)
<i>etravirine tabs 100 mg</i>	1B	QL(4 ea daily)

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

Drug Name	Drug Tier	Requirements/ Limits
LEXIVA TABS 700 MG (Use fosamprenavir calcium)	3	QL(4 ea daily)
lopinavir-ritonavir soln 100 mg/5ml-400 mg/5ml	1B	QL(12.5 ml daily)
lopinavir-ritonavir tabs 100 mg-25 mg, 50 mg-200 mg	1B	QL(4 ea daily)
maraviroc tabs 150 mg	1B	QL(2 ea daily)
maraviroc tabs 300 mg	1B	QL(4 ea daily)
nevirapine susp 50 mg/5ml	1B	QL(40 ml daily)
nevirapine tabs 200 mg	1B	
nevirapine tb24 100 mg	1B	QL(3 ea daily)
nevirapine tb24 400 mg	1B	QL(1 ea daily)
NORVIR PACK 100 MG	2	QL(12 ea daily)
NORVIR SOLN 80 MG/ML	2	QL(15 ml daily)
NORVIR TABS 100 MG (Use ritonavir)	3	QL(12 ea daily)
ODEFSEY TABS	2	QL(1 ea daily)
PIFELTRO TABS	2	QL(1 ea daily)
PREZCOBIX TABS	2	QL(1 ea daily)
PREZISTA SUSP 100 MG/ML	2	QL(12 ml daily)
PREZISTA TABS 150 MG, 600 MG, 75 MG	2	QL(2 ea daily)
PREZISTA TABS 800 MG	2	QL(1 ea daily)
RETROVIR CAPS (Use zidovudine)	3	
RETROVIR IV INFUSION SOLN	1B	
RETROVIR SYRP (Use zidovudine)	3	
REYATAZ CAPS 150 MG, 300 MG (Use atazanavir sulfate)	3	QL(1 ea daily)
REYATAZ CAPS 200 MG (Use atazanavir sulfate)	3	QL(2 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
REYATAZ PACK 50 MG	2	
ritonavir tabs	1B	QL(12 ea daily)
RUKOBIA TB12	2	PA;
SELZENTRY SOLN 20 MG/ML	2	QL(30 ml daily)
SELZENTRY TABS 150 MG (Use maraviroc)	2	QL(2 ea daily)
SELZENTRY TABS 25 MG, 75 MG	2	QL(2 ea daily)
SELZENTRY TABS 300 MG (Use maraviroc)	2	QL(4 ea daily)
stavudine caps 15 mg, 20 mg, 30 mg, 40 mg	1B	QL(2 ea daily)
STAVUDINE CAPS 15 MG, 30 MG	2	QL(2 ea daily)
STAVUDINE CAPS 20 MG, 40 MG	1B	QL(2 ea daily)
STRIBILD TABS	2	QL(1 ea daily)
SUSTIVA CAPS 200 MG (Use efavirenz)	3	QL(2 ea daily)
SUSTIVA CAPS 50 MG (Use efavirenz)	3	QL(3 ea daily)
SUSTIVA TABS 600 MG (Use efavirenz)	3	QL(1 ea daily)
SYMFI LO TABS (Use efavirenz-lamivudine-tenofovir disoproxil fumarate)	2	QL(1 ea daily)
SYMFI TABS (Use efavirenz-lamivudine-tenofovir disoproxil fumarate)	2	QL(1 ea daily)
SYMTUZA TABS	2	ST; QL(1 ea daily)
TEMIXYS TABS	2	QL(1 ea daily)
tenofovir disoproxil fumarate tabs	1B	
TIVICAY PD TBSO	2	
TIVICAY TABS	2	QL(2 ea daily)
TRIUMEQ TABS	2	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
TRIZIVIR TABS (<i>Use abacavir sulfate-lamivudine-zidovudine</i>)	3	QL(2 ea daily)
TRUVADA TABS (<i>Use emtricitabine-tenofovir disoproxil fumarate</i>)	2	QL(1 ea daily)
TYBOST TABS	2	QL(1 ea daily)
VIDEX EC CPDR 125 MG	2	
VIDEX EC CPDR 250 MG (<i>Use didanosine</i>)	3	
VIDEXPEDIATRIC SOLR	2	
VIRACEPT TABS 250 MG	2	QL(10 ea daily)
VIRACEPT TABS 625 MG	2	QL(4 ea daily)
VIRAMUNE SUSP 50 MG/5ML (<i>Use nevirapine</i>)	1B	QL(40 ml daily)
VIRAMUNE TABS 200 MG (<i>Use nevirapine</i>)	3	
VIRAMUNE XR TB24 (<i>Use nevirapine</i>)	3	QL(1 ea daily)
VIREAD POWD 40 MG/GM	2	
VIREAD TABS 150 MG, 200 MG, 250 MG	2	QL(1 ea daily)
VIREAD TABS 300 MG (<i>Use tenofovir disoproxil fumarate</i>)	2	
ZIAGEN SOLN 20 MG/ML (<i>Use abacavir sulfate</i>)	3	QL(32 ml daily)
ZIAGEN TABS 300 MG (<i>Use abacavir sulfate</i>)	3	
<i>zidovudine caps</i>	1B	
<i>zidovudine syrp</i>	1B	
<i>zidovudine tabs</i>	1B	
CMV Agents		
<i>cidofovir soln</i>	3	
CYTOVENE SOLR (<i>Use ganciclovir sodium</i>)	NF	
<i>ganciclovir sodium solr</i>	1B	

Drug Name	Drug Tier	Requirements/ Limits
VALCYTE TABS 450 MG (<i>Use valganciclovir hcl</i>)	NF	PA; QL(4 ea daily)
<i>valganciclovir hcl tabs 450 mg</i>	1B	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
<i>entecavir tabs</i>	4	PA; QL(1 ea daily); SP
EPCLUSA TABS 100 MG-400 MG, 50 MG-200 MG	4	PA; QL(1 ea daily)
EPIVIR HBV SOLN 5 MG/ML	2	PA; QL(60 ml daily); SP
EPIVIR HBV TABS 100 MG (<i>Use lamivudine (hcv)</i>)	3	QL(3 ea daily); SP
HEPSERA TABS (<i>Use adefovir dipivoxil</i>)	4	PA; QL(1 ea daily); SP
<i>lamivudine (hcv) tabs</i>	1B	QL(3 ea daily); SP
PEGASYS SOLN	4	PA; QL(0.0714 ml daily); SP
PEGINTRON KIT	4	PA; QL(0.143 ea daily); SP
<i>ribavirin (hepatitis c) caps</i>	1B	QL(7 ea daily)
<i>ribavirin (hepatitis c) tabs</i>	1B	QL(7 ea daily)
SOFOSBUVIR/VELPATAS VIR TABS	4	PA; QL(1 ea daily)
VEMLIDY TABS	4	PA; QL(1 ea daily); SP
VOSEVI TABS	4	PA; QL(1 ea daily)
Herpes Agents		
<i>acyclovir caps 200 mg</i>	1A	QL(5 ea daily, 50 ea per fill retail, 50 ea per fill mail)
<i>acyclovir susp 200 mg/5ml</i>	1B	QL(13.34 ml daily)
<i>acyclovir tabs 400 mg, 800 mg</i>	1B	QL(5 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
<i>famciclovir tabs 125 mg, 250 mg</i>	1B	QL(3 ea daily)
<i>famciclovir tabs 500 mg</i>	1B	QL(4 ea daily)
<i>valacyclovir hcl tabs 1 gm, 1000 mg</i>	1B	QL(4 ea daily)
<i>valacyclovir hcl tabs 500 mg</i>	1B	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 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		
<i>oseltamivir phosphate caps or 30 mg, 45 mg, 75 mg</i>	1B	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>	1B	Limit 1 fill every 90 days.; QL(125 ml per fill retail) 1 rtl MAX fill, 90 rtl day(s) supply,
RELENZA DISKHALER AEPB	2	1 rtl pack lmt amt, 30 rtl pack lmt day(s),
<i>rimantadine hydrochloride tabs</i>	1B	QL(2 ea daily)
TAMIFLU CAPS 30 MG, 45 MG, 75 MG (Use <i>oseltamivir phosphate</i>)	NF	QL(10 ea per fill retail, 10 ea per fill mail) 1 rtl MAX fill, 90 rtl day(s) supply, 1 mail MAX fill, 90 mail day(s) supply,

Drug Name	Drug Tier	Requirements/ Limits
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>	1B	
COREG TABS (Use <i>carvedilol</i>)	NF	
<i>labetalol hcl soln</i>	1B	
<i>labetalol hcl tabs</i>	1B	
Beta Blockers Cardio-Selective		
<i>acebutolol hcl caps</i>	1B	
<i>atenolol tabs</i>	1B	
<i>betaxolol hcl tabs</i>	1B	
<i>bisoprolol fumarate tabs or 10 mg, 5 mg</i>	1B	
BYSTOLIC TABS 2.5 MG, 10 MG, 5 MG (Use <i>nebivolol hcl</i>)	2	PA; QL(1 ea daily)
BYSTOLIC TABS 20 MG (Use <i>nebivolol hcl</i>)	2	PA; QL(2 ea daily)
LOPRESSOR TABS (Use <i>metoprolol tartrate</i>)	NF	
<i>metoprolol succinate tb24</i>	1B	
<i>metoprolol tartrate soln iv 5 mg/5ml</i>	1B	
<i>metoprolol tartrate tabs or 100 mg, 25 mg, 50 mg</i>	1B	
<i>nebivolol hcl tabs 2.5 mg, 10 mg, 5 mg</i>	1B	PA; QL(1 ea daily)
<i>nebivolol hcl tabs 20 mg</i>	1B	PA; QL(2 ea daily)
TENORMIN TABS (Use <i>atenolol</i>)	NF	

Drug Name	Drug Tier	Requirements/ Limits
TOPROL XL TB24 (<i>Use metoprolol succinate</i>)	NF	
Beta Blockers Non-Selective		
BETAPACE AF TABS (<i>Use sotalol hcl (afib/af)</i>)	NF	
BETAPACE TABS (<i>Use sotalol hcl</i>)	NF	QL(2 ea daily)
CORGARD TABS (<i>Use nadolol</i>)	NF	
HEMANGEOL SOLN	4	PA; QL(75 ml daily)
INDERAL LA CP24 (<i>Use propranolol hcl</i>)	NF	
<i>nadolol tabs</i>	1B	
<i>pindolol tabs</i>	1B	
<i>propranolol hcl cp24</i>	1B	
<i>propranolol hcl soln</i>	1B	
<i>propranolol hcl tabs</i>	1B	
<i>sotalol hcl (afib/af) tabs</i>	1B	
<i>sotalol hcl tabs 120 mg, 160 mg, 80 mg</i>	1B	QL(2 ea daily)
<i>sotalol hcl tabs 240 mg</i>	1B	
<i>timolol maleate tabs</i>	1B	
CALCIUM CHANNEL BLOCKERS - Drugs to Treat High Blood Pressure		
Calcium Channel Blockers		
ADALAT CC TB24 (<i>Use nifedipine</i>)	NF	
<i>amlodipine besylate tabs</i>	1B	
CALAN SR TBCR (<i>Use verapamil hcl</i>)	NF	
CARDIZEM CD CP24 (<i>Use diltiazem hcl coated beads</i>)	NF	
CARDIZEM LA TB24 180 MG, 240 MG, 300 MG, 360 MG, 420 MG (<i>Use diltiazem hcl coated beads</i>)	NF	

Drug Name	Drug Tier	Requirements/ Limits
CARDIZEM TABS (<i>Use diltiazem hcl</i>)	NF	
<i>diltiazem hcl coated beads cp24</i>	1B	
<i>diltiazem hcl coated beads tb24</i>	1B	
<i>diltiazem hcl cp12 or 120 mg, 60 mg, 90 mg</i>	1B	
<i>diltiazem hcl cp24 or 120 mg, 180 mg, 240 mg</i>	1B	
<i>diltiazem hcl extended release beads cp24 120 mg, 180 mg, 240 mg, 300 mg, 360 mg</i>	1B	
<i>diltiazem hcl soln iv 50 mg/10ml</i>	1B	
DILTIAZEM HCL SOLR IV 100 MG	1B	
<i>diltiazem hcl tabs or 120 mg, 30 mg, 60 mg, 90 mg</i>	1B	
<i>felodipine tb24</i>	1B	
<i>isradipine caps</i>	1B	
<i>nicardipine hcl caps</i>	1B	
<i>nicardipine hcl soln</i>	1B	
<i>nifedipine caps</i>	1B	
<i>nifedipine tb24</i>	1B	
<i>nimodipine caps</i>	1B	
<i>nisoldipine tb24 17 mg, 20 mg, 30 mg, 34 mg, 40 mg, 8.5 mg</i>	1B	
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	

Drug Name	Drug Tier	Requirements/ Limits
THIAZAC CP24 120 MG, 180 MG, 240 MG, 300 MG, 360 MG (<i>Use diltiazem hcl extended release beads</i>)	NF	
<i>verapamil hcl cp24</i>	1B	
<i>verapamil hcl soln</i>	1B	
<i>verapamil hcl tabs</i>	1B	
<i>verapamil hcl tbc</i>	1B	
VERELAN CP24 (<i>Use verapamil hcl</i>)	NF	
VERELAN PM CP24 (<i>Use verapamil hcl</i>)	NF	
CARDIOTONICS - Drugs to Treat Heart Failure and Abnormal Heart Rhythm		
Cardiac Glycosides		
<i>digoxin soln</i>	1B	
<i>digoxin tabs</i>	1B	
LANOXIN SOLN (<i>Use digoxin</i>)	2	
LANOXIN TABS (<i>Use digoxin</i>)	2	
CARDIOVASCULAR AGENTS - MISC. - Drugs to Treat Heart and Circulation Conditions		
Cardioplegic Solutions		
PLEGISOL SOLN (<i>Use cardioplegic soln</i>)	NF	
Cardiovascular Agents Misc. - Combinations		
<i>amlodipine besylate-atorvastatin calcium tabs</i>	1B	QL(1 ea daily)
BIDIL TABS	2	
CADUET TABS (<i>Use amlodipine besylate-atorvastatin calcium</i>)	NF	QL(1 ea daily)
ENTRESTO TABS	3	PA; QL(2 ea daily)
Impotence Agents		
CIALIS TABS 5 MG (<i>Use tadalafil</i>)	NF	PA; BPH Only; QL(1 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
<i>sildenafil citrate tabs</i>	1B	PA; QL(0.1334 ea daily)
STENDRA TABS	3	QL(0.134 ea daily)
<i>tadalafil tabs 5 mg</i>	1B	PA; BPH Only; QL(1 ea daily)
VIAGRA TABS (<i>Use sildenafil citrate</i>)	NF	PA; QL(0.1334 ea daily)
Prostaglandin Vasodilators		
<i>epoprostenol sodium solr</i>	4	PA
FLOLAN SOLR (<i>Use epoprostenol sodium</i>)	NF	PA
ORENITRAM TBCR 0.125 MG, 0.25 MG, 1 MG, 2.5 MG	3	PA
<i>treprostinil soln</i>	4	PA; SP
VELETRI SOLR (<i>Use epoprostenol sodium</i>)	NF	PA
VENTAVIS SOLN	4	PA; SP
Pulmonary Hypertension - Endothelin Receptor		
<i>ambrisentan tabs</i>	4	PA; QL(1 ea daily); SP
<i>bosentan tabs 125 mg</i>	4	PA; QL(2 ea daily); SP
<i>bosentan tabs 62.5 mg</i>	4	PA; QL(2 ea daily)
LETAIRIS TABS (<i>Use ambrisentan</i>)	NF	PA; QL(1 ea daily); SP
OPSUMIT TABS	4	PA; QL(1 ea daily)
TRACLEER TABS 125 MG (<i>Use bosentan</i>)	NF	PA; QL(2 ea daily); SP
TRACLEER TABS 62.5 MG (<i>Use bosentan</i>)	NF	PA; QL(2 ea daily)
TRACLEER TBSO 32 MG	4	PA; QL(2 ea daily)
Pulmonary Hypertension - Phosphodiesterase		
ADCIRCA TABS (<i>Use tadalafil (pulmonary hypertension)</i>)	NF	PA; QL(2 ea daily); SP

Drug Name	Drug Tier	Requirements/ Limits
REVATIO SOLN IV 10 MG/12.5ML (<i>Use sildenafil citrate (pulmonary hypertension)</i>)	NF	PA; QL(37.5 ml daily); SP
REVATIO SUSR OR 10 MG/ML (<i>Use sildenafil citrate (pulmonary hypertension)</i>)	NF	PA; QL(6 ml daily)
REVATIO TABS OR 20 MG (<i>Use sildenafil citrate (pulmonary hypertension)</i>)	NF	PA; QL(3 ea daily); SP
<i>sildenafil citrate (pulmonary hypertension) soln iv 10 mg/12.5ml</i>	4	PA; QL(37.5 ml daily); SP
<i>sildenafil citrate (pulmonary hypertension) susr or 10 mg/ml</i>	4	PA; QL(6 ml daily)
<i>sildenafil citrate (pulmonary hypertension) tabs or 20 mg</i>	4	PA; QL(3 ea daily); SP
<i>tadalafil (pulmonary hypertension) tabs</i>	4	PA; QL(2 ea daily); SP
Pulmonary Hypertension - Sol Guanylate Cyclase		
ADEMPAS TABS 0.5 MG, 1.5 MG, 2 MG, 2.5 MG	4	PA; QL(3 ea daily)
Sinus Node Inhibitors		
CORLANOR SOLN 5 MG/5ML	3	PA; QL(15 ml daily)
CORLANOR TABS 5 MG, 7.5 MG	3	PA; QL(2 ea daily)
Transthyretin Stabilizers		
VYNDAMAX CAPS	4	PA; QL(1 ea daily)
VYNDALOX CAPS	4	PA; QL(4 ea daily)
CEPHALOSPORINS - Drugs to Treat Bacterial Infections		
Cephalosporins - 1st Generation		
<i>cefadroxil caps</i>	1B	
<i>cefadroxil susr</i>	1B	
<i>cefadroxil tabs</i>	1B	
<i>cefazolin sodium solr ij 1 gm, 10 gm, 500 mg</i>	1B	

Drug Name	Drug Tier	Requirements/ Limits
<i>cephalexin caps</i>	1B	
<i>cephalexin susr</i>	1B	
<i>cephalexin tabs</i>	1B	
KEFLEX CAPS (<i>Use cephalexin</i>)	NF	
Cephalosporins - 2nd Generation		
<i>cefaclor caps</i>	1B	
<i>cefaclor susr</i>	1B	
CEFOTAN SOLR (<i>Use cefotetan disodium</i>)	NF	
<i>cefotetan disodium solr</i>	1B	
<i>cefroxitin sodium solr 1 gm, 2 gm</i>	1B	
<i>cefprozil susr</i>	1B	
<i>cefprozil tabs</i>	1B	
<i>cefuroxime axetil tabs</i>	1B	
<i>cefuroxime sodium solr ij 750 mg</i>	1B	
Cephalosporins - 3rd Generation		
<i>cefdinir caps</i>	1B	
<i>cefdinir susr</i>	1B	
<i>cefditoren pivoxil tabs 200 mg</i>	3	
<i>cefditoren pivoxil tabs 400 mg</i>	1B	
<i>cefixime susr 100 mg/5ml, 200 mg/5ml</i>	1B	ST
<i>cefotaxime sodium solr</i>	1B	
<i>cefpodoxime proxetil susr</i>	1B	
<i>cefpodoxime proxetil tabs</i>	1B	
<i>ceftazidime solr ij 6 gm, 1 gm</i>	1B	

Drug Name	Drug Tier	Requirements/ Limits
<i>ceftriaxone sodium solr ij 1 gm, 500 mg, 2 gm</i>	1B	
<i>ceftriaxone sodium solr ij 250 mg</i>	1A	
FORTAZ SOLR IJ 1 GM (Use <i>ceftazidime</i>)	NF	
FORTAZ SOLR IV 2 GM (Use <i>ceftazidime</i>)	NF	
SUPRAX SUSR 100 MG/5ML, 200 MG/5ML (Use <i>cefixime</i>)	NF	ST
Cephalosporins - 4th Generation		
<i>cefepime hcl solr</i>	1B	
Cephalosporins - 5th Generation		
TEFLARO SOLR	3	
CONTRACEPTIVES - Drugs to Prevent Pregnancy		
Combination Contraceptives - Oral		
BALCOLTRA TABS	0	
BEYAZ TABS (Use <i>drospirenone-ethinyl estradiol-levomefolate calcium</i>)	NF	
<i>desogestrel & ethinyl estradiol tabs</i>	0	
<i>desogestrel-ethinyl estradiol (biphasic) tabs</i>	0	
<i>desogestrel-ethinyl estradiol (triphasic) tabs</i>	0	
<i>drospirenone-ethinyl estradiol tabs</i>	0	
<i>drospirenone-ethinyl estradiol-levomefolate calcium tabs</i>	0	
ESTROSTEP FE TABS (Use <i>norethindrone acetate-ethinyl estradiol-fe</i>)	NF	
<i>ethynodiol diacet & eth estrad tabs</i>	0	
GENERESS FE CHEW (Use <i>norethindrone & ethinyl estradiol-fe</i>)	NF	

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

Drug Name	Drug Tier	Requirements/ Limits
ORTHO-NOVUM 1/35 TABS (<i>Use norethindrone & eth estradiol</i>)	NF	
ORTHO-NOVUM 7/7/7 TABS (<i>Use norethindrone-eth estradiol (triphasic)</i>)	NF	
QUARTETTE TABS (<i>Use levonorgestrel-ethinyl estradiol (91-day)</i>)	NF	
SAFYRAL TABS (<i>Use drospirenone-ethinyl estradiol-levomefolate calcium</i>)	NF	
SEASONIQUE TABS (<i>Use levonorgestrel-ethinyl estradiol (91-day)</i>)	NF	
TAYTULLA CAPS (<i>Use norethin acet & estrad-fe</i>)	NF	
TYBLUME CHEW	0	
YASMIN 28 TABS (<i>Use drospirenone-ethinyl estradiol</i>)	NF	
YAZ TABS (<i>Use drospirenone-ethinyl estradiol</i>)	NF	
Combination Contraceptives - Transdermal		
<i>norelgestromin-ethinyl estradiol ptwk</i>	0	
TWIRLA PTWK	0	QL(3 ea per 28 days retail)
Combination Contraceptives - Vaginal		
ANNOVERA RING	0	PA
<i>etonogestrel-ethinyl estradiol ring</i>	0	
NUVARING RING (<i>Use etonogestrel-ethinyl estradiol</i>)	NF	
Emergency Contraceptives		
ELLA TABS	0	
<i>levonorgestrel (emergency oc) tabs</i>	0	

Drug Name	Drug Tier	Requirements/ Limits
PLAN B ONE-STEP TABS (<i>Use levonorgestrel (emergency oc)</i>)	NF	
Progestin Contraceptives - Injectable		
DEPO-PROVERA CONTRACEPTIVE SUSP (<i>Use medroxyprogesterone acetate (contraceptive)</i>)	NF	QL(1 ml per 90 days retail)
DEPO-PROVERA CONTRACEPTIVE SUSY (<i>Use medroxyprogesterone acetate (contraceptive)</i>)	NF	QL(1 ml per 90 days retail)
DEPO-SUBQ PROVERA 104 SUSY	0	
<i>medroxyprogesterone acetate (contraceptive) susp</i>	0	QL(1 ml per 90 days retail)
<i>medroxyprogesterone acetate (contraceptive) susy</i>	0	QL(1 ml per 90 days retail)
Progestin Contraceptives - Oral		
<i>norethindrone (contraceptive) tabs</i>	0	
ORTHO MICRONOR TABS (<i>Use norethindrone (contraceptive)</i>)	NF	
SLYND TABS	0	PA; QL(1 ea daily)
CORTICOSTEROIDS - Steroid Hormone Drugs to Treat Systemic Swelling Conditions		
Glucocorticosteroids		
<i>budesonide cpep 3 mg</i>	1B	QL(3 ea daily)
CELESTONE SOLUSPAN SUSP (<i>Use betamethasone sod phosphate & acetate</i>)	NF	
CELESTONE-SOLUSPAN SUSP (<i>Use betamethasone sod phosphate & acetate</i>)	NF	
CORTEF TABS (<i>Use hydrocortisone</i>)	NF	
<i>cortisone acetate tabs</i>	1B	
DEPO-MEDROL SUSP 20 MG/ML	3	

Drug Name	Drug Tier	Requirements/ Limits
DEPO-MEDROL SUSP 40 MG/ML, 80 MG/ML (<i>Use methylprednisolone acetate</i>)	NF	
<i>dexamethasone elix 0.5 mg/5ml</i>	1B	
DEXAMETHASONE INTENSOL CONC	1B	
<i>dexamethasone sodium phosphate soln 120 mg/30ml, 20 mg/5ml, 4 mg/ml</i>	1B	
<i>dexamethasone soln 0.5 mg/5ml</i>	1B	
<i>dexamethasone tabs 0.5 mg, 0.75 mg</i>	1A	
<i>dexamethasone tabs 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg</i>	1B	
EMFLAZA SUSP	4	PA
EMFLAZA TABS	4	PA
ENTOCORT EC CPEP (<i>Use budesonide</i>)	NF	QL(3 ea daily)
<i>hydrocortisone tabs</i>	1B	
KENALOG-40 SUSP (<i>Use triamcinolone acetonide</i>)	NF	
MEDROL DOSEPAK TBPK (<i>Use methylprednisolone</i>)	NF	
MEDROL TABS 16 MG, 32 MG, 8 MG, 4 MG (<i>Use methylprednisolone</i>)	NF	
MEDROL TABS 2 MG	3	
<i>methylprednisolone acetate susp 40 mg/ml, 80 mg/ml</i>	1B	
<i>methylprednisolone sod succ solr</i>	1B	
<i>methylprednisolone tabs</i>	1B	
<i>methylprednisolone tbpk</i>	1B	
MILLIPRED DP TBPK	3	
MILLIPRED TABS	3	

Drug Name	Drug Tier	Requirements/ Limits
ORAPRED ODT TBDP (<i>Use prednisolone sodium phosphate</i>)	NF	
PEDIAPRED SOLN (<i>Use prednisolone sodium phosphate</i>)	NF	
<i>prednisolone sodium phosphate soln or 10 mg/5ml, 15 mg/5ml, 25 mg/5ml, 20 mg/5ml, 5 mg/5ml, 6.7 mg/5ml</i>	1B	
<i>prednisolone sodium phosphate tbdp or 10 mg, 15 mg, 30 mg</i>	3	
<i>prednisolone soln</i>	1B	
<i>prednisone soln 5 mg/5ml</i>	1B	
<i>prednisone tabs 1 mg, 5 mg</i>	1B	
<i>prednisone tabs 10 mg, 2.5 mg, 50 mg, 20 mg</i>	1A	
<i>prednisone tbpk 10 mg, 5 mg</i>	1B	
SOLU-CORTEF SOLR 100 MG, 1000 MG, 500 MG	3	2 rtl MAX fill,30 rtl day(s) supply,
SOLU-CORTEF SOLR 250 MG	3	
SOLU-MEDROL SOLR 2 GM	3	
SOLU-MEDROL SOLR 500 MG, 1000 MG, 125 MG, 40 MG (<i>Use methylprednisolone sod succ</i>)	NF	
<i>triamcinolone acetonide susp 200 mg/5ml, 40 mg/ml, 400 mg/10ml</i>	1B	
Mineralocorticoids		
<i>fludrocortisone acetate tabs</i>	1B	
COUGH/COLD/ALLERGY - Drugs to Treat Cough, Cold and Allergy Symptoms		
Antitussives		
<i>benzonatate caps 100 mg</i>	1B	QL(6 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
<i>benzonatate caps 150 mg</i>	1B	QL(4 ea daily)
<i>benzonatate caps 200 mg</i>	1B	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>	1B	QL(2 ea daily)
CLARITIN-D 12 HOUR TB12 (<i>Use loratadine & pseudoephedrine</i>)	NF	QL(2 ea daily)
CLARITIN-D 24 HOUR TB24 (<i>Use loratadine & pseudoephedrine</i>)	NF	QL(1 ea daily)
<i>fexofenadine-pseudoephedrine tb12 60 mg-120 mg</i>	1B	QL(2 ea daily)
<i>fexofenadine-pseudoephedrine tb24 180 mg-240 mg</i>	1B	QL(1 ea daily)
<i>hydrocodone polistirex-chlorpheniramine polistirex suer</i>	1B	
<i>loratadine & pseudoephedrine tb12 5 mg-120 mg</i>	1B	QL(2 ea daily)
<i>loratadine & pseudoephedrine tb24 10 mg-10 mg-240 mg-240 mg, 240 mg-10 mg</i>	1B	QL(1 ea daily)
TUZISTRA XR SUER	2	PA
ZYRTEC-D ALLERGY/CONGESTION TB12 (<i>Use cetirizine-pseudoephedrine</i>)	NF	QL(2 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
Misc. Respiratory Inhalants		
HYPER-SAL NEBU (<i>Use sodium chloride (inhalant)</i>)	NF	
HYPERSAL NEBU 3.5 %	1B	
HYPERSAL NEBU 7 % (<i>Use sodium chloride (inhalant)</i>)	NF	
NEBUSAL NEBU	1B	
<i>sodium chloride (inhalant) nebu 7 %</i>	1B	
Mucolytics		
<i>acetylcysteine soln</i>	1B	
DERMATOLOGICALS - Drugs to Treat Skin Conditions		
Acne Products		
ABSORICA CAPS 30 MG, 10 MG, 20 MG, 40 MG (<i>Use isotretinoin</i>)	NF	PA; AL(At least 12 yrs old)
<i>adapalene crea 0.1 %</i>	1B	PA; AL(At least 12 yrs old)
<i>adapalene gel 0.1 %</i>	1B	PA; AL(At least 12 yrs old); RX/OTC
<i>adapalene gel 0.3 %</i>	1B	ST; AL(At least 12 yrs old)
<i>adapalene-benzoyl peroxide gel 0.1 %-2.5 %</i>	1B	ST; AL(At least 12 yrs old)
AZELEX CREA	3	ST; AL(At least 12 yrs old)
BENZACLIN GEL (<i>Use clindamycin phosphate-benzoyl peroxide</i>)	NF	PA; AL(At least 12 yrs old)
BENZACLIN WITH PUMP GEL (<i>Use clindamycin phosphate-benzoyl peroxide</i>)	NF	PA; AL(At least 12 yrs old)
BENZAMYCIN GEL (<i>Use benzoyl peroxide-erythromycin</i>)	NF	PA; AL(At least 12 yrs old)
BENZOYL PEROXIDE CLEANSER LIQD	2	AL(At least 12 yrs old)

Drug Name	Drug Tier	Requirements/ Limits
<i>benzoyl peroxide foam 5.3 %</i>	1B	AL(At least 12 yrs old); RX/OTC
<i>benzoyl peroxide foam 9.8 %</i>	1B	AL(At least 12 yrs old)
<i>benzoyl peroxide gel 5 %, 10 %</i>	1B	AL(At least 12 yrs old)
<i>benzoyl peroxide liqd 4 %, 10 %</i>	1B	AL(At least 12 yrs old)
<i>benzoyl peroxide liqd 7 %</i>	1B	AL(At least 12 yrs old); RX/OTC
<i>benzoyl peroxide-erythromycin gel</i>	1B	PA; AL(At least 12 yrs old)
CLEOCIN-T GEL (<i>Use clindamycin phosphate (topical)</i>)	NF	
CLEOCIN-T LOTN (<i>Use clindamycin phosphate (topical)</i>)	NF	AL(At least 12 yrs old)
CLINDAGEL GEL (<i>Use clindamycin phosphate (topical)</i>)	NF	
<i>clindamycin phosphate (topical) foam</i>	1B	PA; AL(At least 12 yrs old)
<i>clindamycin phosphate (topical) gel</i>	1B	
<i>clindamycin phosphate (topical) lotn</i>	1B	AL(At least 12 yrs old)
<i>clindamycin phosphate (topical) soln</i>	1B	QL(4 ml daily); AL(At least 12 yrs old)
<i>clindamycin phosphate (topical) swab</i>	1B	AL(At least 12 yrs old)
<i>clindamycin phosphate-benzoyl peroxide (refrigerate) gel</i>	1B	PA; AL(At least 12 yrs old)
<i>clindamycin phosphate-benzoyl peroxide gel 1 %-5 %</i>	1B	PA; AL(At least 12 yrs old)
<i>clindamycin phosphate-tretinoin gel</i>	1B	ST; AL(At least 12 yrs old)
DIFFERIN CREA 0.1 % (<i>Use adapalene</i>)	NF	PA; AL(At least 12 yrs old)
DIFFERIN GEL 0.1 % (<i>Use adapalene</i>)	NF	PA; AL(At least 12 yrs old); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
DIFFERIN GEL 0.3 % (<i>Use adapalene</i>)	NF	ST; AL(At least 12 yrs old)
DIFFERIN LOTN 0.1 %	2	ST; 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>	1B	AL(At least 12 yrs old)
<i>erythromycin (acne aid) soln</i>	1B	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 30 mg, 10 mg, 20 mg, 40 mg</i>	3	PA; AL(At least 12 yrs old)
KLARON LOTN (<i>Use sulfacetamide sodium (acne)</i>)	NF	AL(At least 12 yrs old)
RETIN-A CREA (<i>Use tretinoin</i>)	NF	AL(At least 12 yrs old - Up to 30 yrs old)
RETIN-A GEL (<i>Use tretinoin</i>)	NF	AL(At least 12 yrs old - Up to 30 yrs old)
RETIN-A MICRO GEL 0.1 % (<i>Use tretinoin microsphere</i>)	NF	PA; AL(At least 12 yrs old - Up to 30 yrs old)
RETIN-A MICRO PUMP GEL 0.1 % (<i>Use tretinoin microsphere</i>)	NF	PA; AL(At least 12 yrs old - Up to 30 yrs old)
<i>sulfacetamide sodium (acne) lotn</i>	1B	AL(At least 12 yrs old)
<i>sulfacetamide sodium w/ sulfur crea 5 %-10 %</i>	1B	AL(At least 12 yrs old)
<i>sulfacetamide sodium w/ sulfur liqd 4.5 %-9 %</i>	1B	ST; AL(At least 12 yrs old)
<i>sulfacetamide sodium-sulfur in urea vehicle emul</i>	1B	AL(At least 12 yrs old)
SUMADAN WASH LIQD (<i>Use sulfacetamide sodium w/ sulfur</i>)	NF	ST; AL(At least 12 yrs old)
<i>tretinoin crea 0.05 %, 0.1 %, 0.025 %</i>	1B	AL(At least 12 yrs old - Up to 30 yrs old)

Drug Name	Drug Tier	Requirements/ Limits
<i>tretinoin gel 0.01 %, 0.025 %</i>	1B	AL(At least 12 yrs old - Up to 30 yrs old)
<i>tretinoin microsphere gel 0.1 %</i>	1B	PA; AL(At least 12 yrs old - Up to 30 yrs old)
VELTIN GEL (<i>Use clindamycin phosphate-tretinoin</i>)	NF	ST; AL(At least 12 yrs old)
ZIANA GEL (<i>Use clindamycin phosphate-tretinoin</i>)	NF	ST; AL(At least 12 yrs old)
Agents for External Genital and Perianal Warts		
VEREGEN OINT	3	
Anti-inflammatory Agents - Topical		
<i>diclofenac epolamine ptch</i>	1B	PA; QL(2 ea daily)
<i>diclofenac sodium (topical) gel 1 %</i>	1B	QL(3.34 gm daily); RX/OTC
FLECTOR PTCH (<i>Use diclofenac epolamine</i>)	NF	PA; QL(2 ea daily)
VOLTAREN GEL (<i>Use diclofenac sodium (topical)</i>)	NF	QL(3.34 gm daily); RX/OTC
Antibiotics - Topical		
ALTABAX OINT	2	
<i>gentamicin sulfate (topical) crea</i>	1B	QL(1 gm daily)
<i>gentamicin sulfate (topical) oint</i>	1B	
<i>mupirocin oint</i>	1B	
NEO-SYNALAR CREA	3	PA
Antifungals - Topical		
<i>butenafine hcl crea</i>	1B	RX/OTC
<i>ciclopirox gel ex 0.77 %</i>	1B	
<i>ciclopirox olamine crea</i>	1B	QL(90 gm per fill retail)1 rtl MAX fill,30 rtl day(s) supply,
<i>ciclopirox olamine susp</i>	1B	

Drug Name	Drug Tier	Requirements/ Limits
<i>ciclopirox sham ex 1 %</i>	1B	
<i>ciclopirox soln ex 8 %</i>	1B	
<i>clotrimazole (topical) crea</i>	1B	RX/OTC
<i>clotrimazole (topical) soln</i>	1B	RX/OTC
<i>clotrimazole w/ betamethasone crea</i>	1B	
<i>clotrimazole w/ betamethasone lotn</i>	1B	
<i>econazole nitrate crea</i>	1B	QL(85 gm per fill retail,85 gm per fill mail)
ERTACZO CREA	3	QL(2.15 gm daily)
EXELDERM CREA (<i>Use sulconazole nitrate</i>)	NF	
EXELDERM SOLN (<i>Use sulconazole nitrate</i>)	NF	1 rtl MAX fill,90 rtl day(s) supply,1 mail MAX fill,90 mail day(s) supply,
JUBLIA SOLN	3	PA
KERYDIN SOLN (<i>Use tavaborole</i>)	NF	PA
<i>ketoconazole (topical) crea 2 %</i>	1B	
<i>ketoconazole (topical) sham 2 %</i>	1B	
LOPROX CREA (<i>Use ciclopirox olamine</i>)	NF	QL(90 gm per fill retail)1 rtl MAX fill,30 rtl day(s) supply,
LOPROX SHAMPOO SHAM (<i>Use ciclopirox</i>)	NF	
LOPROX SUSP (<i>Use ciclopirox olamine</i>)	NF	
LOTRIMIN AF CREA (<i>Use clotrimazole (topical)</i>)	NF	RX/OTC
LOTRIMIN AF JOCK ITCH CREA (<i>Use clotrimazole (topical)</i>)	NF	RX/OTC
LOTRIMIN ULTRA CREA (<i>Use butenafine hcl</i>)	NF	RX/OTC

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

Drug Name	Drug Tier	Requirements/ Limits
<i>nystatin (topical) powd</i>	1B	
<i>nystatin-triamcinolone crea</i>	1B	
<i>nystatin-triamcinolone oint</i>	1B	
<i>oxiconazole nitrate crea</i>	1B	Limit 1 Fill per 180 days;QL(3 gm daily)1 rtl MAX fill,180 rtl day(s) supply,1 mail MAX fill,180 mail day(s) supply,
OXISTAT CREA (<i>Use oxiconazole nitrate</i>)	NF	Limit 1 Fill per 180 days;QL(3 gm daily)1 rtl MAX fill,180 rtl day(s) supply,1 mail MAX fill,180 mail day(s) supply,
OXISTAT LOTN	2	Limit 1 Fill per 180 days;QL(2 ml daily)1 rtl MAX fill,180 rtl day(s) supply,1 mail MAX fill,180 mail day(s) supply,
<i>sulconazole nitrate crea</i>	1B	
<i>sulconazole nitrate soln</i>	1B	1 rtl MAX fill,90 rtl day(s) supply,1 mail MAX fill,90 mail day(s) supply,
<i>tavaborole soln</i>	1B	PA
VUSION OINT (<i>Use miconazole-zinc oxide-white petrolatum</i>)	NF	
Antineoplastic or Premalignant Lesion Agents -		
CARAC CREA (<i>Use fluorouracil (topical)</i>)	NF	
<i>diclofenac sodium (actinic keratoses) gel</i>	1B	PA; QL(3.34 gm daily)
EFUDEX CREA (<i>Use fluorouracil (topical)</i>)	NF	

Drug Name	Drug Tier	Requirements/ Limits
<i>fluorouracil (topical) crea 5 %</i>	1B	
<i>fluorouracil (topical) soln 2 %, 5 %</i>	1B	
PANRETIN GEL	3	
PICATO GEL 0.015 %	2	QL(3 ea per fill retail,3 ea per fill mail)1 rtl MAX fill,60 rtl day(s) supply,1 mail MAX fill,60 mail day(s) supply,
PICATO GEL 0.05 %	2	QL(2 ea per fill retail,2 ea per fill mail)1 rtl MAX fill,60 rtl day(s) supply,1 mail MAX fill,60 mail day(s) supply,
TARGRETIN GEL EX 1 %	4	PA; SP
Antipruritics - Topical		
<i>doxepin hcl (antipruritic) crea</i>	3	PA; Limit 1 fill every 180 days;QL(45 gm per fill retail,45 gm per fill mail)1 rtl MAX fill,180 rtl day(s) supply,1 mail MAX fill,180 mail day(s) supply,
PRUDOXIN CREA (<i>Use doxepin hcl (antipruritic)</i>)	NF	PA; Limit 1 fill every 180 days;QL(45 gm per fill retail,45 gm per fill mail)1 rtl MAX fill,180 rtl day(s) supply,1 mail MAX fill,180 mail day(s) supply,

Drug Name	Drug Tier	Requirements/ Limits
ZONALON CREA (<i>Use doxepin hcl (antipruritic)</i>)	NF	PA; Limit 1 fill every 180 days;QL(45 gm per fill retail,45 gm per fill mail)1 rtl MAX fill,180 rtl day(s) supply,1 mail MAX fill,180 mail day(s) supply,
Antipsoriatics		
<i>acitretin caps 17.5 mg, 10 mg</i>	1B	QL(1 ea daily)
<i>acitretin caps 25 mg</i>	1B	QL(2 ea daily)
<i>calcipotriene crea</i>	1B	PA; QL(4 gm daily)
<i>calcipotriene oint</i>	1B	PA; QL(4 gm daily)
<i>calcipotriene soln</i>	1B	PA; QL(4 ml daily)
<i>calcitriol (topical) oint</i>	1B	QL(3.34 gm daily)
COSENTYX SENSOREADY PEN SOAJ	4	PA; QL(0.072 ml daily)
COSENTYX SOSY 150 MG/ML	4	PA; QL(0.036 ml daily)
COSENTYX SOSY 150 MG/ML	4	PA; QL(0.072 ml daily)
DOVONEX CREA (<i>Use calcipotriene</i>)	NF	PA; QL(4 gm daily)
<i>methoxsalen rapid caps</i>	1B	QL(4 ea daily)
OXSORALEN ULTRA CAPS (<i>Use methoxsalen rapid</i>)	NF	QL(4 ea daily)
SKYRIZI PEN SOAJ	4	PA; QL(0.025 ml daily)
SKYRIZI PSKT 75 MG/0.83ML	4	PA; QL(0.025 ea daily)
SKYRIZI SOSY 150 MG/ML	4	PA; QL(0.025 ml daily)
SORIATANE CAPS 10 MG (<i>Use acitretin</i>)	NF	QL(1 ea daily)
SORIATANE CAPS 25 MG (<i>Use acitretin</i>)	NF	QL(2 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
STELARA SOSY SC 45 MG/0.5ML	4	PA; QL(0.012 ml daily)
STELARA SOSY SC 90 MG/ML	4	PA; QL(0.018 ml daily); SP
<i>tazarotene crea</i>	1B	QL(1 gm daily)
TAZORAC CREA 0.1 % (Use <i>tazarotene</i>)	NF	QL(1 gm daily)
TREMFYA SOPN	4	PA; QL(0.018 ml daily)
TREMFYA SOSY	4	PA; QL(0.018 ml daily)
VECTICAL OINT (Use <i>calcitriol (topical)</i>)	NF	QL(3.34 gm daily)
Antiseborrheic Products		
<i>selenium sulfide lotn 2.5 %</i>	1B	
Antivirals - Topical		
<i>acyclovir topical crea</i>	1B	
<i>acyclovir topical oint</i>	1B	
DENAVIR CREA	3	QL(0.18 gm daily)
ZOVIRAX CREA EX 5 % (Use <i>acyclovir topical</i>)	NF	
ZOVIRAX OINT EX 5 % (Use <i>acyclovir topical</i>)	NF	
Burn Products		
<i>mafenide acetate pack</i>	3	
SILVADENE CREA (Use <i>silver sulfadiazine</i>)	NF	
<i>silver sulfadiazine crea</i>	1B	
SULFAMYLON CREA 85 MG/GM	3	
SULFAMYLON PACK 5 % (Use <i>mafenide acetate</i>)	NF	
Corticosteroids - Topical		
<i>alclometasone dipropionate crea</i>	1B	
<i>alclometasone dipropionate oint</i>	1B	

Drug Name	Drug Tier	Requirements/ Limits
<i>amcinonide crea</i>	1B	QL(60 gm per fill retail, 60 gm per fill mail) 1 rtl MAX fill, 30 rtl day(s) supply, 1 mail MAX fill, 30 mail day(s) supply,
<i>amcinonide lotn</i>	3	
AMCINONIDE OINT	3	
<i>betamethasone dipropionate (topical) crea</i>	1B	
<i>betamethasone dipropionate (topical) lotn</i>	1B	
<i>betamethasone dipropionate (topical) oint</i>	1B	
<i>betamethasone dipropionate augmented crea</i>	1B	
<i>betamethasone dipropionate augmented lotn</i>	1B	
<i>betamethasone dipropionate augmented oint</i>	1B	
<i>betamethasone valerate crea 0.1 %</i>	1B	
<i>betamethasone valerate foam 0.12 %</i>	1B	QL(1.67 gm daily)
<i>betamethasone valerate lotn 0.1 %</i>	1B	
<i>betamethasone valerate oint 0.1 %</i>	1B	
<i>calcipotriene-betamethasone dipropionate oint</i>	1B	ST
<i>calcipotriene-betamethasone dipropionate susp</i>	1B	ST
<i>clobetasol propionate crea</i>	1B	PA; QL(3 gm daily)
<i>clobetasol propionate emollient base crea</i>	1B	PA; QL(1 gm daily)
<i>clobetasol propionate foam</i>	1B	ST; QL(3 gm daily)

Drug Name	Drug Tier	Requirements/ Limits
<i>clobetasol propionate gel</i>	1B	ST; QL(2 gm daily)
<i>clobetasol propionate oint</i>	1B	PA; QL(1 gm daily)
<i>clobetasol propionate soln</i>	1B	PA; QL(3.34 ml daily)
<i>clocortolone pivalate crea</i>	3	
CLODERM CREA (<i>Use clocortolone pivalate</i>)	NF	
CORDRAN CREA 0.05 % (<i>Use flurandrenolide</i>)	NF	
CORDRAN LOTN 0.05 % (<i>Use flurandrenolide</i>)	NF	
CORDRAN TAPE 4 MCG/SQCM	3	
CUTIVATE LOTN (<i>Use fluticasone propionate</i>)	NF	QL(6 ml daily)
DERMA-SMOOTH/FS BODY OIL (<i>Use fluocinolone acetonide</i>)	NF	QL(118.28 ml per fill retail)1 rtl MAX fill,30 rtl day(s) supply,
DERMA-SMOOTH/FS SCALP OIL (<i>Use fluocinolone acetonide</i>)	NF	
<i>desonide crea</i>	1B	QL(4 gm daily)
<i>desonide lotn</i>	1B	QL(4 ml daily)
<i>desonide oint</i>	1B	QL(3 gm daily)
DESOWEN CREA (<i>Use desonide</i>)	NF	QL(4 gm daily)
<i>desoximetasone crea 0.25 %</i>	1B	
<i>desoximetasone gel 0.05 %</i>	1B	
<i>desoximetasone oint 0.25 %</i>	1B	
<i>diflorasone diacetate crea</i>	1B	PA
<i>diflorasone diacetate oint</i>	1B	PA
DIPROLENE AF CREA (<i>Use betamethasone dipropionate augmented</i>)	NF	

Drug Name	Drug Tier	Requirements/ Limits
DIPROLENE OINT (<i>Use betamethasone dipropionate augmented</i>)	NF	
<i>fluocinolone acetonide crea 0.01 %, 0.025 %</i>	1B	
<i>fluocinolone acetonide oil 0.01 %</i>	1B	QL(118.28 ml per fill retail)1 rtl MAX fill,30 rtl day(s) supply,
<i>fluocinolone acetonide oil 0.01 %</i>	1B	
<i>fluocinolone acetonide oint 0.025 %</i>	1B	
<i>fluocinolone acetonide soln 0.01 %</i>	1B	
<i>fluocinonide crea 0.05 %</i>	1B	QL(2 gm daily)
<i>fluocinonide emulsified base crea</i>	1B	QL(2 gm daily)
<i>fluocinonide gel 0.05 %</i>	1B	
<i>fluocinonide oint 0.05 %</i>	1B	QL(2 gm daily)
<i>fluocinonide soln 0.05 %</i>	1B	QL(2 ml daily)
<i>flurandrenolide crea</i>	2	QL(2 gm daily)
<i>flurandrenolide lotn</i>	2	QL(2 ml daily)
<i>fluticasone propionate crea 0.05 %</i>	1B	
<i>fluticasone propionate lotn 0.05 %</i>	1B	QL(6 ml daily)
<i>fluticasone propionate oint 0.005 %</i>	1B	
<i>halcinonide crea</i>	1B	PA
<i>halobetasol propionate crea</i>	1B	
<i>halobetasol propionate oint</i>	1B	
HALOG CREA (<i>Use halcinonide</i>)	NF	PA
HALOG OINT	3	PA
<i>hydrocortisone (topical) crea 1 %</i>	1B	RX/OTC

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

Drug Name	Drug Tier	Requirements/ Limits
SYNALAR SOLN (Use fluocinolone acetonide)	NF	
TACLONEX OINT (Use calcipotriene-betamethasone dipropionate)	NF	ST
TACLONEX SUSP (Use calcipotriene-betamethasone dipropionate)	NF	ST
TEMOVATE CREA (Use clobetasol propionate)	NF	PA; QL(3 gm daily)
TEMOVATE OINT (Use clobetasol propionate)	NF	PA; 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	
triamcinolone acetonide (topical) crea 0.025 %, 0.5 %	1B	
triamcinolone acetonide (topical) crea 0.1 %	1B	QL(3.34 gm daily)
triamcinolone acetonide (topical) lotn 0.1 %, 0.025 %	1B	
triamcinolone acetonide (topical) oint 0.025 %, 0.1 %, 0.5 %	1B	
triamcinolone acetonide-dimethicone-silicone kit	1B	PA
TRIDESILON CREA (Use desonide)	NF	QL(4 gm daily)
Eczema Agents		
DUPIXENT SOPN 300 MG/2ML	4	PA
DUPIXENT SOSY 200 MG/1.14ML, 300 MG/2ML	4	PA
Emollients		
LAC-HYDRIN TWELVE LOTN (Use lactic acid (ammonium lactate))	NF	RX/OTC
lactic acid (ammonium lactate) crea 12 %	1B	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
<i>lactic acid (ammonium lactate) lotn 12 %</i>	1B	RX/OTC
Enzymes - Topical		
SANTYL OINT	3	PA
Immunomodulating Agents - Topical		
ALDARA CREA (Use <i>imiquimod</i>)	NF	QL(12 ea per fill retail,12 ea per fill mail)
<i>imiquimod crea 5 %</i>	1B	QL(12 ea per fill retail,12 ea per fill mail)
ZYCLARA CREA (Use <i>imiquimod</i>)	NF	
ZYCLARA PUMP CREA 3.75 % (Use <i>imiquimod</i>)	NF	
Immunosuppressive Agents - Topical		
ELIDEL CREA (Use <i>pimecrolimus</i>)	NF	PA; AL(At least 2 yrs old)
<i>pimecrolimus crea</i>	1B	PA; AL(At least 2 yrs old)
PROTOPIC OINT (Use <i>tacrolimus (topical)</i>)	NF	PA; AL(At least 2 yrs old)
<i>tacrolimus (topical) oint</i>	1B	PA; AL(At least 2 yrs old)
Keratolytic/Antimitotic Agents		
<i>podofilox soln</i>	1B	
Local Anesthetics - Topical		
<i>lidocaine hcl gel ex 2 %</i>	1B	QL(4 ml daily)
<i>lidocaine hcl gel ex 2 %</i>	1B	QL(4 ml daily); RX/OTC
<i>lidocaine hcl prsy ex 2 %</i>	1B	QL(4 ml daily)
<i>lidocaine hcl soln ex 4 %</i>	1B	
<i>lidocaine ptch ex 5 %</i>	1B	PA
<i>lidocaine-prilocaine crea</i>	1B	QL(1 gm daily)
LIDODERM PTCH (Use <i>lidocaine</i>)	NF	PA

Drug Name	Drug Tier	Requirements/ Limits
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		
<i>azelaic acid gel</i>	1B	PA
FINACEA GEL (Use <i>azelaic acid</i>)	NF	PA
METROCREAM CREA (Use <i>metronidazole (topical)</i>)	NF	
METROGEL GEL (Use <i>metronidazole (topical)</i>)	NF	
METROLOTION LOTN (Use <i>metronidazole (topical)</i>)	NF	
<i>metronidazole (topical) crea</i>	1B	
<i>metronidazole (topical) gel</i>	1B	
<i>metronidazole (topical) lotn</i>	1B	
MIRVASO GEL	3	PA; QL(1 gm daily)
ORACEA CPDR (Use <i>doxycycline (rosacea)</i>)	NF	
SOOLANTRA CREA (Use <i>ivermectin (rosacea)</i>)	NF	
Scabicides & Pediculicides		
<i>crotamiton lotn</i>	1B	PA
ELIMITE CREA (Use <i>permethrin</i>)	NF	
<i>ivermectin (pediculicide) lotn</i>	1B	PA; RX/OTC
<i>lindane sham</i>	1B	
<i>malathion lotn</i>	1B	

Drug Name	Drug Tier	Requirements/ Limits
NATROBA SUSP (<i>Use spinosad</i>)	NF	PA
NIX CREME RINSE LIQD (<i>Use permethrin</i>)	NF	
OVIDE LOTN (<i>Use malathion</i>)	NF	
<i>permethrin crea ex 5 %</i>	1B	
<i>permethrin liqd ex 1 %</i>	1B	
SKLICE LOTN (<i>Use ivermectin (pediculicide)</i>)	NF	PA; RX/OTC
<i>spinosad susp</i>	1B	PA
ULESFIA LOTN	3	
Wound Care Products		
REGRANEX GEL	3	
DIAGNOSTIC PRODUCTS		
Diagnostic Drugs		
GLUCAGEN DIAGNOSTIC SOLR	3	QL(0.035 ea daily)
Diagnostic Tests		
CHEMSTRIP-K STRP	1B	
FORA GTEL BLOOD KETONE TEST STRIPS STRP	1B	
GOJJI BLOOD KETONE TEST STRIPS STRP	1B	
KETONE STRP	1B	
KETONE TEST STRIPS STRP	1B	
KETOSTIX STRP	1B	
NOVA MAX PLUS KETONE TESTSTRIPS STRP	1B	
PRECISION XTRA STRP VI	1B	
PTS PANELS KETONE TEST STRP	1B	

Drug Name	Drug Tier	Requirements/ Limits
RELION KETONE TEST STRIPS STRP	1B	
RELION TRUE METRIX BLOODGLUCOSE TEST STRIPS STRP	1B	QL(3.34 ea daily); RX/OTC
TRUE METRIX BLOOD GLUCOSETEST STRIPS STRP	1B	Limit 100 per month;QL(3.34 ea daily); RX/OTC
TRUETRACK TEST STRP	1B	Limit 100 per month;QL(3.34 ea daily); RX/OTC
DIGESTIVE AIDS - Drugs to Treat Low Digestive Enzymes		
Digestive Enzymes		
CREON CPEP	2	Non-FDA approved uses require Prior Authorization
SUCRAID SOLN	3	
ZENPEP CPEP	2	Non-FDA approved uses require Prior Authorization
DIURETICS - Drugs to Treat Heart, Circulation Conditions and Blood Pressure		
Carbonic Anhydrase Inhibitors		
<i>acetazolamide cp12 500 mg</i>	1B	QL(2 ea daily)
<i>acetazolamide sodium solr</i>	1B	
<i>acetazolamide tabs 125 mg</i>	1B	QL(8 ea daily)
<i>acetazolamide tabs 250 mg</i>	1B	QL(4 ea daily)
KEVEYIS TABS	4	PA; QL(4 ea daily)
<i>methazolamide tabs</i>	1B	QL(6 ea daily)
Diuretic Combinations		
ALDACTAZIDE TABS 25 MG-25 MG (<i>Use spironolactone & hydrochlorothiazide</i>)	NF	

Drug Name	Drug Tier	Requirements/ Limits
<i>amiloride & hydrochlorothiazide tabs</i>	1B	
DYAZIDE CAPS (Use triamterene & hydrochlorothiazide)	NF	
MAXZIDE TABS (Use triamterene & hydrochlorothiazide)	NF	
MAXZIDE-25 TABS (Use triamterene & hydrochlorothiazide)	NF	
<i>spironolactone & hydrochlorothiazide tabs</i>	1B	
<i>triamterene & hydrochlorothiazide caps</i>	1B	
<i>triamterene & hydrochlorothiazide tabs</i>	1B	
Loop Diuretics		
<i>bumetanide soln ij 0.25 mg/ml</i>	1B	
<i>bumetanide tabs or 0.5 mg, 1 mg, 2 mg</i>	1B	QL(5 ea daily)
BUMEX TABS (Use bumetanide)	NF	QL(5 ea daily)
EDECIN TABS (Use ethacrynic acid)	NF	QL(16 ea daily)
<i>ethacrynic acid tabs</i>	1B	QL(16 ea daily)
<i>furosemide soln</i>	1B	
<i>furosemide tabs</i>	1B	
LASIX TABS (Use furosemide)	NF	
<i>torsemide tabs</i>	1B	
Potassium Sparing Diuretics		
ALDACTONE TABS (Use spironolactone)	NF	
<i>amiloride hcl tabs</i>	1B	
DYRENIUM CAPS (Use triamterene)	NF	QL(3 ea daily)
<i>spironolactone tabs</i>	1B	
<i>triamterene caps</i>	1B	QL(3 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
Thiazides and Thiazide-Like Diuretics		
<i>chlorthalidone tabs</i>	1B	
<i>hydrochlorothiazide caps 12.5 mg</i>	1B	QL(2 ea daily)
<i>hydrochlorothiazide tabs 12.5 mg</i>	1B	QL(2 ea daily)
<i>hydrochlorothiazide tabs 25 mg, 50 mg</i>	1A	QL(2 ea daily)
<i>indapamide tabs 1.25 mg</i>	1B	QL(1 ea daily)
<i>indapamide tabs 2.5 mg</i>	1B	QL(2 ea daily)
<i>metolazone tabs</i>	1B	QL(2 ea daily)
ENDOCRINE AND METABOLIC AGENTS - MISC. - Drugs to Treat Bone Disease and Regulate Hormones		
Bone Density Regulators		
ACTONEL TABS 150 MG (Use risedronate sodium)	NF	PA; QL(0.036 ea daily)
ACTONEL TABS 35 MG (Use risedronate sodium)	NF	PA; QL(0.143 ea daily)
<i>alendronate sodium tabs 10 mg, 5 mg</i>	1B	QL(1 ea daily)
<i>alendronate sodium tabs 35 mg, 70 mg</i>	1B	QL(0.143 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 na 200 unit/act</i>	1B	
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>	1B	QL(0.036 ea daily)
<i>pamidronate disodium soln 30 mg/10ml, 90 mg/10ml</i>	4	PA; SP

Drug Name	Drug Tier	Requirements/Limits
PAMIDRONATE DISODIUM SOLN 6 MG/ML	4	PA; SP
<i>pamidronate disodium solr 30 mg, 90 mg</i>	4	PA; SP
PROLIA SOSY	4	PA; 1 rtl MAX fill, 180 rtl day(s) supply,; SP
RECLAST SOLN (<i>Use zoledronic acid</i>)	NF	PA; SP
<i>risedronate sodium tabs 150 mg</i>	1B	PA; QL(0.036 ea daily)
<i>risedronate sodium tabs 30 mg, 5 mg</i>	1B	PA; QL(1 ea daily)
<i>risedronate sodium tabs 35 mg</i>	1B	PA; QL(0.143 ea daily)
<i>risedronate sodium tbec 35 mg</i>	1B	PA
TYMLOS SOPN	4	PA;
XGEVA SOLN	4	PA; SP
<i>zoledronic acid conc 4 mg/5ml</i>	4	PA; SP
<i>zoledronic acid soln 4 mg/100ml, 5 mg/100ml</i>	4	PA; SP
Corticotropin		
ACTHAR GEL	4	PA
CORTROPHIN GEL	4	PA
Fertility Regulators		
CHORIONIC GONADOTROPIN SOLR	4	PA; SP
NOVAREL SOLR 10000 UNIT	4	PA; SP
PREGNYL W/DILUENT BENZYLALCOHOL/NACL SOLR	4	PA; SP
GnRH/LHRH Antagonists		
CETROTIDE KIT	4	PA
<i>ganirelix acetate sosy</i>	4	PA

Drug Name	Drug Tier	Requirements/Limits
GANIRELIX ACETATE SOSY (<i>Use ganirelix acetate</i>)	NF	PA
Growth Hormone Receptor Antagonists		
SOMAVERT SOLR 10 MG, 15 MG, 20 MG	4	PA; SP
Growth Hormone Releasing Hormones (GHRH)		
EGRIFTA SOLR	4	PA
EGRIFTA SV SOLR	4	PA
Growth Hormones		
NORDITROPIN FLEXPROMPN 10 MG/1.5ML, 15 MG/1.5ML, 5 MG/1.5ML	4	PA; SP
NORDITROPIN FLEXPROMPN 30 MG/3ML	4	PA
ZORBTIVE SOLR	4	PA; SP
Hormone Receptor Modulators		
EVISTA TABS (<i>Use raloxifene hcl</i>)	NF	QL(1 ea daily)
OSPHENA TABS	3	PA
<i>raloxifene hcl tabs</i>	0	QL(1 ea daily)
Insulin-Like Growth Factors (Somatomedins)		
INCRELEX SOLN	4	PA; SP
LHRH/GnRH Agonist Analog Pituitary		
FENSOLVI KIT	4	PA; SP
LUPANETA PACK KIT	4	PA
LUPRON DEPOT-PED (1-MONTH) KIT	4	PA; SP
LUPRON DEPOT-PED (3-MONTH) KIT 30 MG	4	PA; SP
SYNAREL SOLN	4	PA; SP
Metabolic Modifiers		
ALDURAZYME SOLN	4	PA; SP
<i>betaine powd</i>	4	PA; SP

Drug Name	Drug Tier	Requirements/ Limits
BUPHENYL POWD (<i>Use sodium phenylbutyrate</i>)	NF	PA
BUPHENYL TABS (<i>Use sodium phenylbutyrate</i>)	NF	PA
<i>calcitriol caps</i>	1B	
<i>calcitriol soln</i>	1B	
CARBAGLU TABS (<i>Use carglumic acid</i>)	4	PA; SP
<i>carglumic acid tabs</i>	4	PA; SP
<i>cinacalcet hcl tabs</i>	4	PA; QL(4 ea daily); SP
CYSTADANE POWD	4	PA; SP
CYSTADANE POWD (<i>Use betaine</i>)	4	PA; SP
<i>doxercalciferol caps</i>	1B	
<i>doxercalciferol soln</i>	1B	
ELAPRASE SOLN	4	PA; SP
FABRAZYME SOLR 35 MG	4	PA; SP
GALAFOLD CAPS	4	PA; QL(0.5 ea daily)
HECTOROL SOLN 4 MCG/2ML (<i>Use doxercalciferol</i>)	NF	
KUVAN PACK (<i>Use sapropterin dihydrochloride</i>)	NF	PA
KUVAN TABS (<i>Use sapropterin dihydrochloride</i>)	NF	PA
LUMIZYME SOLR	4	PA; SP
MYALEPT SOLR	4	PA
NAGLAZYME SOLN	4	PA; SP
<i>nitisinone caps</i>	4	PA; SP
ORFADIN CAPS 10 MG, 2 MG, 5 MG (<i>Use nitisinone</i>)	NF	PA; SP

Drug Name	Drug Tier	Requirements/ Limits
PALYNZIQ SOSY	4	PA
<i>paricalcitol caps</i>	1B	
<i>paricalcitol soln</i>	1B	
ROCALTROL CAPS (<i>Use calcitriol</i>)	NF	
ROCALTROL SOLN (<i>Use calcitriol</i>)	NF	
<i>sapropterin dihydrochloride pack</i>	4	PA
<i>sapropterin dihydrochloride tabs</i>	4	PA
SENSIPAR TABS (<i>Use cinacalcet hcl</i>)	NF	PA; QL(4 ea daily); SP
<i>sodium phenylbutyrate powd</i>	1B	PA
<i>sodium phenylbutyrate tabs</i>	1B	PA
ZEMPLAR CAPS (<i>Use paricalcitol</i>)	NF	
ZEMPLAR SOLN (<i>Use paricalcitol</i>)	NF	
Posterior Pituitary Hormones		
DDAVP SOLN IJ 4 MCG/ML (<i>Use desmopressin acetate</i>)	NF	PA
DDAVP SOLN NA 0.01 % (<i>Use desmopressin acetate spray</i>)	NF	
DDAVP TABS OR 0.1 MG (<i>Use desmopressin acetate</i>)	NF	QL(6 ea daily)
DDAVP TABS OR 0.2 MG (<i>Use desmopressin acetate</i>)	NF	QL(8 ea daily)
<i>desmopressin acetate soln ij 4 mcg/ml</i>	1B	PA
DESMOPRESSIN ACETATE SOLN NA 1.5 MG/ML	4	PA; SP
<i>desmopressin acetate spray refrigerated soln</i>	1B	
<i>desmopressin acetate spray soln</i>	1B	

Drug Name	Drug Tier	Requirements/ Limits
<i>desmopressin acetate tabs or 0.1 mg</i>	1B	QL(6 ea daily)
<i>desmopressin acetate tabs or 0.2 mg</i>	1B	QL(8 ea daily)
STIMATE SOLN	4	PA; SP
Prolactin Inhibitors		
<i>cabergoline tabs</i>	1B	
Somatostatic Agents		
LANREOTIDE ACETATE SOLN	4	PA; QL(0.0179 ml daily); SP
<i>octreotide acetate soln</i>	4	PA; SP
SANDOSTATIN LAR DEPOT KIT	4	PA
SANDOSTATIN SOLN (<i>Use octreotide acetate</i>)	NF	PA; SP
SIGNIFOR SOLN	4	PA
SOMATULINE DEPOT SOLN 120 MG/0.5ML	4	PA; QL(0.0179 ml daily); SP
SOMATULINE DEPOT SOLN 60 MG/0.2ML	4	PA; QL(0.0075 ml daily); SP
SOMATULINE DEPOT SOLN 90 MG/0.3ML	4	PA; QL(0.011 ml daily); SP
Vasopressin Receptor Antagonists		
JYNARQUE TABS 30 MG, 15 MG	4	PA; QL(2 ea daily); SP
JYNARQUE TBPk	4	PA; SP
SAMSCA TABS 15 MG	4	PA; QL(2 ea daily); SP
SAMSCA TABS 30 MG (<i>Use tolvaptan</i>)	4	PA; QL(2 ea daily); SP
<i>tolvaptan tabs</i>	4	PA; QL(2 ea daily); SP
ESTROGENS - Hormone Replacement/Modifying Drugs		
Estrogen Combinations		
CLIMARA PRO PTWK	3	
DUAVEE TABS	3	PA

Drug Name	Drug Tier	Requirements/ Limits
FEMHRT TABS (<i>Use norethindrone acetate-ethinyl estradiol</i>)	NF	
<i>norethindrone acetate-ethinyl estradiol tabs</i>	1B	
PREMPHASE TABS	2	
PREMPRO TABS	2	
Estrogens		
CLIMARA PTWK (<i>Use estradiol</i>)	NF	
DELESTROGEN OIL 10 MG/ML	1B	
DELESTROGEN OIL 20 MG/ML, 40 MG/ML (<i>Use estradiol valerate</i>)	NF	
DEPO-ESTRADIOL OIL	3	
DIVIGEL GEL 0.25 MG/0.25GM, 0.5 MG/0.5GM, 1 MG/GM	3	
ELESTRIN GEL	3	
ESTRACE TABS (<i>Use estradiol</i>)	NF	
<i>estradiol pttw td 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr</i>	1B	QL(0.286 ea daily)
<i>estradiol ptwk td 0.025 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr, 0.05 mg/24hr, 0.06 mg/24hr, 37.5 mcg/24hr</i>	1B	
<i>estradiol tabs or 0.5 mg, 1 mg, 2 mg</i>	1B	
<i>estradiol valerate oil</i>	1B	
ESTROGEL GEL	3	
EVAMIST SOLN	3	
MENEST TABS	3	
MENOSTAR PTWK	3	

Drug Name	Drug Tier	Requirements/ Limits
MINIVELLE PTTW (<i>Use estradiol</i>)	NF	QL(0.286 ea daily)
PREMARIN SOLR	2	
PREMARIN TABS	2	
VIVELLE-DOT PTTW (<i>Use estradiol</i>)	NF	QL(0.286 ea daily)
FLUOROQUINOLONES - Drugs to Treat Bacterial Infections		
Fluoroquinolones		
AVELOX SOLN (<i>Use moxifloxacin hcl in sodium chloride</i>)	1B	
BAXDELA SOLR	3	PA
BAXDELA TABS	3	PA
CIPRO SUSR 5 GM/100ML, 500 MG/5ML	2	2 rtl MAX fill,30 rtl day(s) supply,
CIPRO TABS 250 MG, 500 MG (<i>Use ciprofloxacin hcl</i>)	NF	
<i>ciprofloxacin hcl tabs</i>	1B	
<i>ciprofloxacin in d5w soln 200 mg/100ml-5 %, 5 %-200 mg/100ml</i>	3	
LEVAQUIN TABS (<i>Use levofloxacin</i>)	NF	
<i>levofloxacin in d5w soln 5 %-500 mg/100ml</i>	1B	
<i>levofloxacin soln iv 25 mg/ml</i>	1B	
<i>levofloxacin soln or 25 mg/ml</i>	1B	
<i>levofloxacin tabs or 250 mg, 750 mg</i>	1B	
<i>levofloxacin tabs or 500 mg</i>	1A	
<i>moxifloxacin hcl in sodium chloride soln</i>	1B	
<i>moxifloxacin hcl tabs</i>	1B	
<i>ofloxacin tabs</i>	1B	

Drug Name	Drug Tier	Requirements/ Limits
GASTROINTESTINAL AGENTS - MISC. - Miscellaneous Gastrointestinal Drugs		
Bile Acid Synthesis Disorder Agents		
CHOLBAM CAPS	4	PA; SP
Gallstone Solubilizing Agents		
ACTIGALL CAPS (<i>Use ursodiol</i>)	NF	
URSO 250 TABS (<i>Use ursodiol</i>)	NF	
URSO FORTE TABS (<i>Use ursodiol</i>)	NF	
<i>ursodiol caps 300 mg</i>	1B	
<i>ursodiol tabs 250 mg, 500 mg</i>	1B	
Gastrointestinal Chloride Channel Activators		
AMITIZA CAPS (<i>Use lubiprostone</i>)	NF	PA; QL(2 ea daily)
<i>lubiprostone caps</i>	1B	PA; QL(2 ea daily)
Gastrointestinal Stimulants		
<i>metoclopramide hcl soln ij 5 mg/ml</i>	1B	
<i>metoclopramide hcl soln or 10 mg/10ml, 5 mg/5ml</i>	1B	QL(60 ml daily)
<i>metoclopramide hcl tabs or 10 mg, 5 mg</i>	1A	QL(6 ea daily)
REGLAN TABS (<i>Use metoclopramide hcl</i>)	NF	QL(6 ea daily)
Inflammatory Bowel Agents		
APRISO CP24 (<i>Use mesalamine</i>)	NF	
ASACOL HD TBEC (<i>Use mesalamine</i>)	NF	QL(6 ea daily)
AVSOLA SOLR	4	PA
AZULFIDINE EN-TABS TBEC (<i>Use sulfasalazine</i>)	NF	
AZULFIDINE TABS (<i>Use sulfasalazine</i>)	NF	
<i>balsalazide disodium caps</i>	1B	
CANASA SUPP (<i>Use mesalamine</i>)	NF	

Drug Name	Drug Tier	Requirements/ Limits
COLAZAL CAPS (<i>Use balsalazide disodium</i>)	NF	
DELZICOL CPDR (<i>Use mesalamine</i>)	NF	
DIPENTUM CAPS	2	
INFLECTRA SOLR	4	PA
LIALDA TBEC (<i>Use mesalamine</i>)	NF	
<i>mesalamine cp24 or 0.375 gm</i>	1B	
<i>mesalamine cpdr or 400 mg</i>	1B	
<i>mesalamine enem re 4 gm</i>	1B	
<i>mesalamine supp re 1000 mg</i>	1B	
<i>mesalamine tbec or 1.2 gm</i>	1B	
<i>mesalamine tbec or 800 mg</i>	1B	QL(6 ea daily)
RENFLEXIS SOLR	4	PA
STELARA SOLN IV 130 MG/26ML	4	PA
<i>sulfasalazine tabs</i>	1B	
<i>sulfasalazine tbec</i>	1B	
Intestinal Acidifiers		
<i>lactulose (encephalopathy) soln</i>	1B	
Irritable Bowel Syndrome (IBS) Agents		
<i>alosetron hcl tabs</i>	1B	QL(2 ea daily)
LINZESS CAPS	2	PA; QL(1 ea daily)
LOTRONEX TABS (<i>Use alosetron hcl</i>)	NF	QL(2 ea daily)
Peripheral Opioid Receptor Antagonists		
<i>alvimopan caps</i>	1B	
ENTEREG CAPS (<i>Use alvimopan</i>)	NF	

Drug Name	Drug Tier	Requirements/ Limits
RELISTOR SOLN SC 12 MG/0.6ML, 8 MG/0.4ML	3	PA
Phosphate Binder Agents		
<i>calcium acetate (phosphate binder) caps</i>	1B	
<i>calcium acetate (phosphate binder) tabs</i>	1B	RX/OTC
FOSRENOL CHEW 1000 MG, 500 MG, 750 MG (<i>Use lanthanum carbonate</i>)	NF	
<i>lanthanum carbonate chew</i>	1B	
PHOSLYRA SOLN	2	
RENVELA PACK (<i>Use sevelamer carbonate</i>)	NF	
RENVELA TABS (<i>Use sevelamer carbonate</i>)	NF	
<i>sevelamer carbonate pack</i>	1B	
<i>sevelamer carbonate tabs</i>	1B	
VELPHORO CHEW	3	PA
GENITOURINARY AGENTS - MISCELLANEOUS - Miscellaneous Drugs to Treat Reproductive Organs and Urinary System		
Alkalinizers		
<i>potassium citrate (alkalinizer) tbc 10 meq, 1080 mg</i>	1B	
<i>sodium citrate & citric acid soln</i>	1B	RX/OTC
UROKIT-K 10 TBCR (<i>Use potassium citrate (alkalinizer)</i>)	NF	
Cystinosis Agents		
CYSTAGON CAPS	3	PA
Genitourinary Irrigants		
<i>acetic acid soln</i>	1B	
<i>glycine (gu irrigant) soln</i>	1B	
RESECTISOL SOLN	1B	

Drug Name	Drug Tier	Requirements/ Limits
<i>sodium chloride (gu irrigant) soln</i>	1B	
SORBITOL SOLN IR 3 %, 3.3 %	1B	
SORBITOL/MANNITOL IRRIGATION SOLN	1B	
Interstitial Cystitis Agents		
ELMIRON CAPS	2	
Prostatic Hypertrophy Agents		
<i>alfuzosin hcl tb24</i>	1B	QL(1 ea daily)
AVODART CAPS (<i>Use dutasteride</i>)	NF	QL(1 ea daily)
<i>dutasteride caps</i>	1B	QL(1 ea daily)
<i>dutasteride-tamsulosin hcl caps</i>	1B	PA
<i>finasteride tabs</i>	1B	5 mg only
FLOMAX CAPS (<i>Use tamsulosin hcl</i>)	NF	
JALYN CAPS (<i>Use dutasteride-tamsulosin hcl</i>)	3	PA
PROSCAR TABS (<i>Use finasteride</i>)	NF	5 mg only
RAPAFLO CAPS (<i>Use silodosin</i>)	NF	
<i>silodosin caps</i>	1B	
<i>tamsulosin hcl caps</i>	1B	
UROXATRAL TB24 (<i>Use alfuzosin hcl</i>)	NF	QL(1 ea daily)
Urinary Analgesics		
<i>phenazopyridine hcl tabs 100 mg, 200 mg</i>	1B	
PYRIDIUM TABS (<i>Use phenazopyridine hcl</i>)	NF	
GOUT AGENTS - Drugs to Treat Gout		
Gout Agent Combinations		
<i>colchicine w/ probenecid tabs</i>	1B	
Gout Agents		

Drug Name	Drug Tier	Requirements/ Limits
<i>allopurinol tabs</i>	1B	
<i>colchicine tabs</i>	1B	QL(1 ea daily)
COLCRYS TABS (<i>Use colchicine</i>)	NF	QL(1 ea daily)
<i>febuxostat tabs</i>	1B	PA; QL(1 ea daily)
MITIGARE CAPS (<i>Use colchicine</i>)	NF	
ULORIC TABS (<i>Use febuxostat</i>)	NF	PA; QL(1 ea daily)
ZYLOPRIM TABS (<i>Use allopurinol</i>)	NF	
Uricosurics		
<i>probenecid tabs</i>	1B	
HEMATOLOGICAL AGENTS - MISC. - Drugs to Treat Blood Disorders		
Bradykinin B2 Receptor Antagonists		
FIRAZYR SOLN (<i>Use icatibant acetate</i>)	NF	PA; QL(9 ml daily)
<i>icatibant acetate soln</i>	4	PA; QL(9 ml daily)
Complement Inhibitors		
CINRYZE SOLR	4	PA
HAEGARDA SOLR	4	PA
RUCONEST SOLR	4	PA; QL(0.143 ea daily)
SOLIRIS SOLN	4	PA
Hematorheologic Agents		
<i>pentoxifylline tbc</i>	1B	QL(3 ea daily)
Plasma Kallikrein Inhibitors		
TAKHZYRO SOLN	4	PA;
Platelet Aggregation Inhibitors		
AGGRENOX CP12 (<i>Use aspirin-dipyridamole</i>)	NF	PA; QL(2 ea daily)
AGRYLIN CAPS (<i>Use anagrelide hcl</i>)	NF	

Drug Name	Drug Tier	Requirements/ Limits
<i>anagrelide hcl caps</i>	1B	
<i>aspirin-dipyridamole cp12</i>	1B	PA; QL(2 ea daily)
BRILINTA TABS	2	QL(2 ea daily)
CABLIVI KIT	4	PA
<i>cilostazol tabs</i>	1B	
<i>clopidogrel bisulfate tabs 300 mg</i>	1B	
<i>clopidogrel bisulfate tabs 75 mg</i>	1B	QL(1 ea daily)
<i>dipyridamole tabs</i>	1B	
EFFIENT TABS (<i>Use prasugrel hcl</i>)	NF	QL(1 ea daily)
PLAVIX TABS (<i>Use clopidogrel bisulfate</i>)	NF	QL(1 ea daily)
<i>prasugrel hcl tabs</i>	1B	QL(1 ea daily)
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
<i>miglustat caps</i>	4	PA; QL(3 ea daily); SP
ZAVESCA CAPS (<i>Use miglustat</i>)	NF	PA; QL(3 ea daily); SP
Agents for Sickle Cell Disease		
DROXIA CAPS	3	
OXBRYTA TABS 500 MG	4	PA
Cobalamins		
<i>cyanocobalamin soln ij 1000 mcg/ml</i>	1B	QL(1 ml daily)
Folic Acid/Folates		
<i>folic acid tabs or 1 mg</i>	0	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
<i>folic acid tabs or 800 mcg, 400 mcg</i>	0	
Hematopoietic Growth Factors		
ARANESP ALBUMIN FREE SOLN 100 MCG/ML, 40 MCG/ML, 60 MCG/ML	4	PA; SP
ARANESP ALBUMIN FREE SOLN 25 MCG/ML	4	SP
ARANESP ALBUMIN FREE SOSY 150 MCG/0.3ML, 200 MCG/0.4ML, 300 MCG/0.6ML, 500 MCG/ML	4	PA; SP
DOPTelet TABS	4	PA; QL(3 ea daily)
EPOGEN SOLN	3	PA; SP
GRANIX SOLN	4	PA
GRANIX SOSY	4	PA
LEUKINE SOLR	4	PA; SP
MIRCERA SOSY	4	PA
MULPLETA TABS	4	PA; QL(1 ea daily)
NPLATE SOLR 250 MCG, 500 MCG	4	PA; SP
PROCRIT SOLN 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML	3	PA; SP
PROCRIT SOLN 40000 UNIT/ML	4	PA; SP
PROMACTA PACK 12.5 MG	4	PA; QL(1 ea daily)
PROMACTA TABS 12.5 MG, 25 MG, 50 MG, 75 MG	4	PA; SP
RETACRIT SOLN 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/2ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML	4	PA
ZARXIO SOSY	4	PA
ZIEXTENZO SOSY	4	PA;

Drug Name	Drug Tier	Requirements/ Limits
Hematopoietic Mixtures		
<i>ferrous fumarate-folic acid tabs</i>	1B	QL(1 ea daily)
Iron		
FER-IN-SOL SOLN (Use <i>ferrous sulfate</i>)	0	AL(Up to 1 yrs old)
<i>ferrous sulfate soln or 15 mg/ml</i>	0	AL(Up to 1 yrs old)
<i>ferrous sulfate tabs or 325 mg, 65 mg</i>	0	
<i>ferrous sulfate tbec or 325 mg</i>	0	
INFED SOLN	4	PA
VENOFER SOLN	4	PA
Stem Cell Mobilizers		
MOZOBIL SOLN	4	PA; SP
HEMOSTATICS - Drugs to Stop Bleeding/Treat Blood Disorders		
Hemostatics - Systemic		
AMICAR TABS 1000 MG, 500 MG (Use <i>aminocaproic acid</i>)	NF	PA
<i>aminocaproic acid tabs or 1000 mg, 500 mg</i>	1B	PA
CYKLOKAPRON SOLN (Use <i>tranexamic acid</i>)	NF	
LYSTEDA TABS (Use <i>tranexamic acid</i>)	NF	
<i>tranexamic acid soln</i>	1B	
<i>tranexamic acid tabs</i>	1B	
HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS		
Barbiturate Hypnotics		
<i>phenobarbital elix 20 mg/5ml</i>	1B	
<i>phenobarbital soln 20 mg/5ml</i>	1B	
<i>phenobarbital tabs 100 mg, 16.2 mg, 30 mg, 32.4 mg, 64.8 mg, 97.2 mg, 15 mg</i>	1B	

Drug Name	Drug Tier	Requirements/ Limits
Hypnotics - Tricyclic Agents		
<i>doxepin hcl (sleep) tabs</i>	1B	PA; QL(1 ea daily)
SILENOR TABS (Use <i>doxepin hcl (sleep)</i>)	NF	PA; QL(1 ea daily)
Non-Barbiturate Hypnotics		
AMBIEN CR TBCR (Use <i>zolpidem tartrate</i>)	NF	ST; Must try immediate release zolpidem.;QL(1 ea daily)
AMBIEN TABS (Use <i>zolpidem tartrate</i>)	NF	QL(1 ea daily); AL(At least 18 yrs old)
DORAL TABS (Use <i>quazepam</i>)	NF	
<i>estazolam tabs</i>	1B	
<i>eszopiclone tabs</i>	1B	ST; QL(1 ea daily); AL(At least 18 yrs old)
HALCION TABS (Use <i>triazolam</i>)	NF	
LUNESTA TABS (Use <i>eszopiclone</i>)	NF	ST; QL(1 ea daily); AL(At least 18 yrs old)
RESTORIL CAPS (Use <i>temazepam</i>)	NF	QL(1 ea daily)
<i>temazepam caps 15 mg, 30 mg</i>	1A	QL(1 ea daily)
<i>temazepam caps 22.5 mg, 7.5 mg</i>	1B	QL(1 ea daily)
<i>triazolam tabs</i>	1B	
<i>zaleplon caps 10 mg</i>	1B	QL(2 ea daily); AL(At least 18 yrs old)
<i>zaleplon caps 5 mg</i>	1B	QL(1 ea daily); AL(At least 18 yrs old)
<i>zolpidem tartrate tabs or 10 mg, 5 mg</i>	1A	QL(1 ea daily); AL(At least 18 yrs old)

Drug Name	Drug Tier	Requirements/ Limits
<i>zolpidem tartrate tbc</i> or 6.25 mg, 12.5 mg	1B	ST; Must try immediate release zolpidem.; QL(1 ea daily)
Orexin Receptor Antagonists		
BELSOMRA TABS	3	PA
Selective Melatonin Receptor Agonists		
HETLIOZ CAPS	3	PA; QL(1 ea daily)
<i>ramelteon tabs</i>	1B	ST; QL(1 ea daily); AL(At least 18 yrs old)
ROZEREM TABS (<i>Use ramelteon</i>)	NF	ST; QL(1 ea daily); AL(At least 18 yrs old)
LAXATIVES - Bowel Treatment Drugs		
Bulk Laxatives		
<i>calcium polycarbophil tabs</i>	1B	
FIBERCON TABS (<i>Use calcium polycarbophil</i>)	NF	
Laxative Combinations		
GOLYTELY SOLR (<i>Use peg 3350-kcl-sod bicarb-sod chloride-sod sulfate</i>)	0	
MOVIPREP SOLR (<i>Use peg 3350-kcl-nacl-na sulfate-na ascorbate-ascorbic acid</i>)	NF	PA
NULYTELY SOLR (<i>Use peg 3350-potassium chloride-sod bicarbonate-sod chloride</i>)	3	PA
NULYTELY/FLAVOR PACKS SOLR (<i>Use peg 3350-potassium chloride-sod bicarbonate-sod chloride</i>)	3	PA
<i>peg 3350-kcl-nacl-na sulfate-na ascorbate-ascorbic acid solr</i>	1B	PA

Drug Name	Drug Tier	Requirements/ Limits
<i>peg 3350-kcl-sod bicarb-sod chloride-sod sulfate solr</i> 2.97 gm-5.86 gm-6.74 gm-22.74 gm-236 gm	0	
<i>peg 3350-potassium chloride-sod bicarbonate-sod chloride solr</i>	1B	PA
Laxatives - Miscellaneous		
<i>lactulose soln</i> 10 gm/15ml, 20 gm/30ml	1B	
Saline Laxatives		
OSMOPREP TABS	3	PA
Stimulant Laxatives		
<i>bisacodyl supp</i>	1A	
<i>bisacodyl tbec</i>	1A	
DULCOLAX SUPP (<i>Use bisacodyl</i>)	NF	
DULCOLAX TBEC (<i>Use bisacodyl</i>)	NF	
Surfactant Laxatives		
COLACE CAPS (<i>Use docusate sodium</i>)	NF	
<i>docusate calcium caps</i>	1A	
<i>docusate sodium caps</i> or 250 mg, 100 mg	1A	
LOCAL ANESTHETICS-Parenteral - Drugs for Numbing		
Local Anesthetics - Amides		
<i>lidocaine hcl (local anesth.) soln</i> ij 0.5 %, 1 %, 2 %	1B	
MARCAINE SOLN 0.5 % (<i>Use bupivacaine hcl</i>)	NF	
NAROPIN SOLN 5 MG/ML, 2 MG/ML (<i>Use ropivacaine hcl</i>)	NF	
XYLOCAINE SOLN 0.5 %, 1 % (<i>Use lidocaine hcl (local anesth.)</i>)	NF	
XYLOCAINE-MPF SOLN (<i>Use lidocaine hcl (local anesth.)</i>)	NF	

Drug Name	Drug Tier	Requirements/ Limits
ZINGO JTAJ (<i>Use lidocaine hcl (local anesth.)</i>)	NF	
MACROLIDES - Drugs to Treat Bacterial Infections		
Azithromycin		
<i>azithromycin pack or 1 gm</i>	1B	
<i>azithromycin solr iv 500 mg</i>	1B	
<i>azithromycin susr or 100 mg/5ml, 200 mg/5ml</i>	1B	
<i>azithromycin tabs or 250 mg</i>	1B	QL(6 ea per fill retail,6 ea per fill mail)
<i>azithromycin tabs or 500 mg</i>	1B	QL(4 ea per fill retail,4 ea per fill mail)
<i>azithromycin tabs or 600 mg</i>	1B	QL(0.286 ea daily)
ZITHROMAX PACK OR 1 GM (<i>Use azithromycin</i>)	NF	
ZITHROMAX SOLR IV 500 MG (<i>Use azithromycin</i>)	NF	
ZITHROMAX SUSR OR 100 MG/5ML, 200 MG/5ML (<i>Use azithromycin</i>)	NF	
ZITHROMAX TABS OR 250 MG (<i>Use azithromycin</i>)	NF	QL(6 ea per fill retail,6 ea per fill mail)
ZITHROMAX TABS OR 500 MG (<i>Use azithromycin</i>)	NF	QL(4 ea per fill retail,4 ea per fill mail)
ZITHROMAX TABS OR 600 MG (<i>Use azithromycin</i>)	NF	QL(0.286 ea daily)
ZITHROMAX TRI-PAK TABS (<i>Use azithromycin</i>)	NF	QL(4 ea per fill retail,4 ea per fill mail)
ZITHROMAX Z-PAK TABS (<i>Use azithromycin</i>)	NF	QL(6 ea per fill retail,6 ea per fill mail)
Clarithromycin		
<i>clarithromycin susr</i>	1B	
<i>clarithromycin tabs</i>	1B	

Drug Name	Drug Tier	Requirements/ Limits
<i>clarithromycin tb24</i>	1B	
Erythromycins		
E.E.S. GRANULES SUSR (<i>Use erythromycin ethylsuccinate</i>)	NF	
ERYPED 200 SUSR (<i>Use erythromycin ethylsuccinate</i>)	NF	
ERYPED 400 SUSR (<i>Use erythromycin ethylsuccinate</i>)	3	
<i>erythromycin base cpep 250 mg</i>	3	
<i>erythromycin base tabs 250 mg, 500 mg</i>	3	
<i>erythromycin base tbec 333 mg, 500 mg, 250 mg</i>	1B	
<i>erythromycin ethylsuccinate susr 200 mg/5ml, 400 mg/5ml</i>	1B	
<i>erythromycin ethylsuccinate tabs 400 mg</i>	3	
Fidaxomicin		
DIFICID TABS 200 MG	2	
MEDICAL DEVICES AND SUPPLIES		
Contraceptives		
AIMSCO LUBRICATED MISC	0	QL(2 ea daily)
CAYA DPRH	0	
DUREX EXTRA SENSITIVE DEVI	0	QL(2 ea daily)
FANTASY LUBRICATED MISC	0	QL(2 ea daily)
FANTASY LUBRICATED/SPERMICID E MISC	0	QL(2 ea daily)
FC FEMALE CONDOM MISC	0	QL(1 ea daily)
FEMCAP DEVI	0	
K-Y ME & YOU EXTRA LUBRICATED DEVI	0	QL(2 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
K-Y ME & YOU INTENSE DEVI	0	QL(2 ea daily)
KAMELEON LUBRICATED MISC	0	QL(2 ea daily)
KIMONO COLORS DEVI	0	QL(2 ea daily)
KIMONO LUBRICATED MISC	0	QL(2 ea daily)
KIMONO MICRO THIN PLUS SPERMICIDE LUBRICATED MISC	0	QL(2 ea daily)
KIMONO PLUS SPERMICIDE LUBRICATED MISC	0	QL(2 ea daily)
KIMONO PLUS SPERMICIDE/LUBRICATED MISC	0	QL(2 ea daily)
KIMONO PS LUBRICATED MISC	0	QL(2 ea daily)
KIMONO PS PLUS SPERMICIDE/LUBRICATED MISC	0	QL(2 ea daily)
KIMONO SENSATION LUBRICATED MISC	0	QL(2 ea daily)
KIMONO SENSATION PLUS SPERMICIDE LUBRICATED MISC	0	QL(2 ea daily)
KIMONO SPECIAL DEVI	0	QL(2 ea daily)
MAXX LUBRICATED MISC	0	QL(2 ea daily)
MAXX PLUS SPERMICIDE LUBRICATED MISC	0	QL(2 ea daily)
OMNIFLEX DIAPHRAGM DPRH	0	
PREMIUM CONDOMS LUBRICATED MISC	0	QL(2 ea daily)
REALITY LATEX CONDOMS/LUBRICATED MISC	0	QL(2 ea daily)
REALITY LATEX/ULTRA TEXTURED DEVI	0	QL(2 ea daily)
REALITY LATEX/ULTRA THIN DEVI	0	QL(2 ea daily)
TRUSTEX COLOR CONDOMS + LUBE MISC	0	QL(2 ea daily)

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/STUDDED 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/STUDDED MISC	0	QL(2 ea daily)
TRUSTEX/RIA LUBRICATED MISC	0	QL(2 ea daily)
TRUSTEX/RIA LUBRICATED SPERMICIDE MISC	0	QL(2 ea daily)
TRUSTEX/RIA LUBRICATED/SPERMICIDE MISC	0	QL(2 ea daily)
WIDE-SEAL SILICONE DIAPHRAGM KIT 60 DPRH	0	
WIDE-SEAL SILICONE DIAPHRAGM KIT 65 DPRH	0	
WIDE-SEAL SILICONE DIAPHRAGM KIT 70 DPRH	0	
WIDE-SEAL SILICONE DIAPHRAGM KIT 75 DPRH	0	

Drug Name	Drug Tier	Requirements/ Limits
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	1B	QL(6.6667 ea daily)
1ST TIER UNILET COMFORTOUCH LANCETS 30G MISC	1B	QL(6.6667 ea daily)
ACCU-CHEK FASTCLIX LANCETS MISC	1B	QL(6.6667 ea daily)
ACCU-CHEK MULTICLIX LANCETS MISC	1B	QL(6.6667 ea daily)
ACCU-CHEK SAFE-T-PRO LANCETS MISC	1B	QL(6.6667 ea daily)
ACCU-CHEK SAFE-T-PRO PLUSLANCETS MISC	1B	QL(6.6667 ea daily)
ACCU-CHEK SOFTCLIX LANCETS MISC	1B	QL(6.6667 ea daily)
ACTI-LANCE LANCETS 28G MISC	1B	QL(6.6667 ea daily)
ACTI-LANCE LITE SAFETY LANCETS 28G MISC	1B	QL(6.6667 ea daily)
ACTI-LANCE SPECIAL SAFETY LANCETS 17G MISC	1B	QL(6.6667 ea daily)
ACTI-LANCE SPECIAL SAFETY LANCETS 17G MISC	1B	QL(6.6667 ea daily)
ACTI-LANCE UNIVERSAL SAFETY LANCETS 23G MISC	1B	QL(6.6667 ea daily)
ADJUSTABLE LANCING DEVICE MISC	1B	
ADVANCED MOBILE LANCET 30G MISC	1B	QL(6.6667 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
ADVOCATE CONTROL SOLUTIONHIGH LIQD	1B	
ADVOCATE LANCETS 30G MISC	1B	QL(6.6667 ea daily)
ADVOCATE LANCETS MISC	1B	QL(6.6667 ea daily)
ADVOCATE LANCING DEVICE MISC	1B	
ADVOCATE RAPID-SAFE LANCING DEVICE MISC	1B	
ADVOCATE REDI-CODE+ CONTROL SOLUTION HIGH SOLN	1B	
ADVOCATE SAFETY LANCETS 26G MISC	1B	QL(6.6667 ea daily)
ADVOCATE SAFETY LANCETS MISC	1B	QL(6.6667 ea daily)
AGAMATRIX CONTROL HIGH SOLN	1B	
AGAMATRIX ULTRA-THIN LANCETS 33G MISC	1B	QL(6.6667 ea daily)
AIMSCO TWIST LANCETS 32G MISC	1B	QL(6.6667 ea daily)
AIMSCO TWIST LANCETS 33G MISC	1B	QL(6.6667 ea daily)
ALTERNATE SITE LANCING DEVICE MISC	1B	
AQUA LANCE ADJUSTABLE LANCING DEVICE DEVI	1B	
ASSURE HAEMOLANCE PLUS HIGH FLOW 18G MISC	1B	QL(6.6667 ea daily)
ASSURE HAEMOLANCE PLUS LOW FLOW 25G MISC	1B	QL(6.6667 ea daily)
ASSURE HAEMOLANCE PLUS MICRO FLOW 28G MISC	1B	QL(6.6667 ea daily)
ASSURE HAEMOLANCE PLUS NORMAL FLOW 21G MISC	1B	QL(6.6667 ea daily)
ASSURE HAEMOLANCE PLUS PEDIATRIC BLADE MISC	1B	QL(6.6667 ea daily)
ASSURE LANCE LANCETS 21G MISC	1B	QL(6.6667 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
ASSURE LANCE LANCETS MISC	1B	QL(6.6667 ea daily)
ASSURE LANCE PLUS SAFETYLANCETS 25G MISC	1B	QL(6.6667 ea daily)
ASSURE LANCE PLUS SAFETYLANCETS 30G MISC	1B	QL(6.6667 ea daily)
ASSURE LANCE SAFETY LANCET 28G MISC	1B	QL(6.6667 ea daily)
ASSURE LANCETS MISC	1B	QL(6.6667 ea daily)
AURORA LANCET SUPER THIN30G MISC	1B	QL(6.6667 ea daily)
AURORA LANCET THIN 23G MISC	1B	QL(6.6667 ea daily)
AUTO-LANCET MINI MISC	1B	
AUTO-LANCET MISC	1B	
AUTOLET IMPRESSION LANCING DEVICE MISC	1B	
AUTOLET LANCING DEVICE MISC	1B	
AUTOLET MINI MISC	1B	
AUTOLET PLUS MISC	1B	
BD LANCET ULTRAFINE 30G MISC	1B	QL(6.6667 ea daily)
BD LANCET ULTRAFINE 33G MISC	1B	QL(6.6667 ea daily)
BD MICROTAINER LANCETS MISC	1B	QL(6.6667 ea daily)
BULLSEYE MINI SAFETY LANCETS MISC	1B	QL(6.6667 ea daily)
BULLSEYE SAFETY LANCETS MISC	1B	QL(6.6667 ea daily)
CARDIOCOM LANCING DEVICE MISC	1B	
CAREONE ADVANCED LANCINGDEVICE MISC	1B	
CAREONE LANCET SUPER THIN/30G MISC	1B	QL(6.6667 ea daily)
CAREONE LANCET THIN MISC	1B	QL(6.6667 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
CARESENS LANCETS MISC	1B	QL(6.6667 ea daily)
CARETOUCH LANCING DEVICewith EJECTOR MISC	1B	
CARETOUCH SAFETY LANCETS/26G MISC	1B	QL(6.6667 ea daily)
CARETOUCH SAFETY LANCETS/28G MISC	1B	QL(6.6667 ea daily)
CARETOUCH SAFETY LANCETS/30G MISC	1B	QL(6.6667 ea daily)
CARETOUCH TWIST LANCETS 28G MISC	1B	QL(6.6667 ea daily)
CARETOUCH TWIST LANCETS 30G MISC	1B	QL(6.6667 ea daily)
CARETOUCH TWIST LANCETS 33G MISC	1B	QL(6.6667 ea daily)
CLEANLET LANCETS 28G MISC	1B	QL(6.6667 ea daily)
CLEVER CHOICE GLUCOSE CONTROL HIGH LIQD	1B	
COAGUCHEK LANCETS MISC	1B	QL(6.6667 ea daily)
COMFORT ASSURED LANCETS MICRO THIN 33G MISC	1B	QL(6.6667 ea daily)
COMFORT ASSURED LANCETS SUPER THIN 28G MISC	1B	QL(6.6667 ea daily)
COMFORT LANCETS MISC	1B	QL(6.6667 ea daily)
CONTOUR HIGH CONTROL LIQD	1B	
CVS LANCETS 21G MISC	1B	QL(6.6667 ea daily)
CVS LANCETS MICRO THIN 33G MISC	1B	QL(6.6667 ea daily)
CVS LANCETS MICRO-THIN 33G MISC	1B	QL(6.6667 ea daily)
CVS LANCETS ORIGINAL MISC	1B	QL(6.6667 ea daily)
CVS LANCETS THIN 26G MISC	1B	QL(6.6667 ea daily)
CVS LANCETS ULTRA THIN 30G MISC	1B	QL(6.6667 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
CVS LANCETS ULTRA-THIN 30G MISC	1B	QL(6.6667 ea daily)
CVS LANCING DEVICE MISC	1B	
CVS ULTRA THIN LANCETS MISC	1B	QL(6.6667 ea daily)
DIATHRIVE LANCETS MISC	1B	QL(6.6667 ea daily)
DIATHRIVE LANCETS ULTRA THIN 30G MISC	1B	QL(6.6667 ea daily)
DIATHRIVE LANCING DEVICE MISC	1B	
DIATRUE GLUCOSE CONTROL SOLUTION LEVEL 3 SOLN	1B	
DROPLET GENTEEL LANCING DEVICE MISC	1B	
DROPLET LANCETS ULTRA THIN 30G MISC	1B	QL(6.6667 ea daily)
DROPLET LANCING DEVICE MISC	1B	
DROPLET PERSONAL LANCETS 30G MISC	1B	QL(6.6667 ea daily)
DRUG MART ADJUSTABLE LANCING DEVICE MISC	1B	
DRUG MART LANCETS THIN MISC	1B	QL(6.6667 ea daily)
DRUG MART ON-THE-GO LANCETS GENTLE 30G MISC	1B	QL(6.6667 ea daily)
DRUG MART UNILET LANCETS SUPER THIN 30G MISC	1B	QL(6.6667 ea daily)
DRUG MART UNILET LANCETS ULTRA THIN 28G MISC	1B	QL(6.6667 ea daily)
DRUG MART UNILET MICRO THIN LANCETS 33G MISC	1B	QL(6.6667 ea daily)
E-Z JECT LANCETS 21G MISC	1B	QL(6.6667 ea daily)
E-Z JECT LANCETS COLOR MISC	1B	QL(6.6667 ea daily)
E-Z JECT LANCETS MISC	1B	QL(6.6667 ea daily)

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

Drug Name	Drug Tier	Requirements/ Limits
EASY TOUCH LANCETS 32G/PRESSURE ACTIVATED MISC	1B	QL(6.6667 ea daily)
EASY TOUCH LANCETS 32G/PULL-TOP MISC	1B	QL(6.6667 ea daily)
EASY TOUCH LANCETS 32G/TWIST MISC	1B	QL(6.6667 ea daily)
EASY TOUCH LANCETS 33G/TWIST MISC	1B	QL(6.6667 ea daily)
EASY TOUCH LANCING DEVICE/EJECTOR MISC	1B	
EASY TOUCH SAFETY LANCETS21G/PRESSURE ACTIVATED MISC	1B	QL(6.6667 ea daily)
EASY TOUCH SAFETY LANCETS23G/PRESSURE ACTIVATED MISC	1B	QL(6.6667 ea daily)
EASY TOUCH SAFETY LANCETS26G/BUTTON ACTIVATED MISC	1B	QL(6.6667 ea daily)
EASY TOUCH SAFETY LANCETS26G/PRESSURE ACTIVATED MISC	1B	QL(6.6667 ea daily)
EASY TOUCH SAFETY LANCETS28G/BUTTON ACTIVATED MISC	1B	QL(6.6667 ea daily)
EASY TOUCH SAFETY LANCETS28G/PRESSURE ACTIVATED MISC	1B	QL(6.6667 ea daily)
EASY TRAK GLUCOSE CONTROLSOLUTION HIGH SOLN	1B	
EASY TWIST & CAP LANCETS MISC	1B	QL(6.6667 ea daily)
EASYGLUCO CONTROL SOLUTION HIGH SOLN	1B	
ELEMENT HIGH CONTROL LIQD	1B	
EMBRACE GLUCOSE CONTROL SOLUTION HIGH LIQD	1B	
EMBRACE LANCETS ULTRA THIN 30G MISC	1B	QL(6.6667 ea daily)
EMBRACE LANCING DEVICE WITH EJECTOR MISC	1B	

Drug Name	Drug Tier	Requirements/ Limits
EMBRACE TALK GLUCOSE CONTROL SOLUTION HIGH SOLN	1B	
EQL COLOR LANCETS 21G MISC	1B	QL(6.6667 ea daily)
EQL COLOR LANCETS MICRO THIN 33G MISC	1B	QL(6.6667 ea daily)
EQL SUPER THIN LANCETS 30G MISC	1B	QL(6.6667 ea daily)
EQL THIN LANCETS 26G MISC	1B	QL(6.6667 ea daily)
EZ-LETS LANCETS 21G MISC	1B	QL(6.6667 ea daily)
EZ-LETS LANCETS 26G SUPER-SOFT MISC	1B	QL(6.6667 ea daily)
EZ-LETS LANCETS 28G ULTRA-SOFT MISC	1B	QL(6.6667 ea daily)
EZ-LETS LANCETS 30G MISC	1B	QL(6.6667 ea daily)
FIFTY50 SAFETY SEAL LANCETS 30G MISC	1B	QL(6.6667 ea daily)
FIFTY50 SAFETY SEAL LANCETS 32G MISC	1B	QL(6.6667 ea daily)
FIFTY50 UNILET LANCETS 33G MISC	1B	QL(6.6667 ea daily)
FINE 30 MISC	1B	QL(6.6667 ea daily)
FINGERSTIX LANCETS MISC	1B	QL(6.6667 ea daily)
FORA CONTROL SOLUTION HIGH SOLN	1B	
FORA LANCETS MISC	1B	QL(6.6667 ea daily)
FORA LANCING DEVICE MISC	1B	
FORA LANCING DEVICE/CLEARCAP MISC	1B	
FORACARE GDH CONTROL SOLUTION HIGH SOLN	1B	
FORTISCARE CONTROL SOLUTIONS HIGH SOLN	1B	
FREDS PHARMACY AUTOLET LANCING DEVICE MISC	1B	

Drug Name	Drug Tier	Requirements/ Limits
FREDS PHARMACY UNILET LANCETS SUPER THIN 30G MISC	1B	QL(6.6667 ea daily)
FREDS PHARMACY UNILET LANCETS ULTRA THIN 28G MISC	1B	QL(6.6667 ea daily)
FREESTYLE LANCETS MISC	1B	QL(6.6667 ea daily)
FREESTYLE LIBRE 14 DAY/READER/FLASH MONITORING SYSTEM DEVI	3	PA; QL(1 ea per 365 days retail)
FREESTYLE LIBRE 14 DAY/SENSOR/FLASH MONITORING SYSTEM MISC	3	PA; QL(0.072 ea daily)
FREESTYLE LIBRE 2/READER/FLASH GLUCOSE MONITORING SYSTEM DEVI	3	PA; QL(1 ea per 365 days retail)
FREESTYLE LIBRE 2/SENSOR/FLASH GLUCOSE MONITORING SYSTEM MISC	3	PA; QL(0.072 ea daily)
FREESTYLE LIBRE/READER/FLASH MONITORING SYSTEM DEVI	3	PA; QL(1 ea per 365 days retail)
FREESTYLE LIBRE/SENSOR/FLASH MONITORING SYSTEM MISC	3	PA; QL(0.1 ea daily)
FREESTYLE UNISTICK II LANCETS MISC	1B	QL(6.6667 ea daily)
GENTEEL BUTTERFLY TOUCH LANCETS MISC	1B	QL(6.6667 ea daily)
GENTEEL LANCING DEVICE/GLORIOUS GOLD MISC	1B	
GENTEEL LANCING DEVICE/PRECIOUS PLATINUM MISC	1B	
GENTEEL LANCING DEVICE/STATELY SILVER MISC	1B	
GENTEEL PLUS LANCING DEVICE/BUFF BLACK MISC	1B	

Drug Name	Drug Tier	Requirements/ Limits
GENTEEL PLUS LANCING DEVICE/BUTTERFLY BLUE MISC	1B	
GENTEEL PLUS LANCING DEVICE/PLAYFUL PURPLE MISC	1B	
GENTEEL PLUS LANCING DEVICE/PRINCESS PINK MISC	1B	
GENTEEL PLUS LANCING DEVICE/WILLOWY WHITE MISC	1B	
GENTLE-LET GP LANCETS MISC	1B	QL(6.6667 ea daily)
GENTLE-LET LANCETS GENERAL PURPOSE STYLE/FINE POINT MISC	1B	QL(6.6667 ea daily)
GENTLE-LET LANCETS GENERAL PURPOSE STYLE/MEDIUM POINT MISC	1B	QL(6.6667 ea daily)
GENTLE-LET LANCETS SAFETY STYLE/FINE POINT MISC	1B	QL(6.6667 ea daily)
GENTLE-LET LANCETS SAFETY STYLE/MEDIUM POINT MISC	1B	QL(6.6667 ea daily)
GLOBAL LANCING DEVICE MISC	1B	
GLUCOCOM HIGH CONTROL LIQD	1B	
GLUCOCOM LANCETS 28G MISC	1B	QL(6.6667 ea daily)
GLUCOCOM LANCETS 30G MISC	1B	QL(6.6667 ea daily)
GLUCOCOM LANCETS 33G MISC	1B	QL(6.6667 ea daily)
GNP LANCETS 21G MISC	1B	QL(6.6667 ea daily)
GNP LANCETS MICRO THIN 33G MISC	1B	QL(6.6667 ea daily)
GNP LANCETS SUPER THIN 30G MISC	1B	QL(6.6667 ea daily)
GNP LANCETS THIN 26G MISC	1B	QL(6.6667 ea daily)
GNP LANCETS THIN MISC	1B	QL(6.6667 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
GNP LANCING SYSTEM DEVICE MISC	1B	
GOJJI LANCING DEVICE/CLEAR CAP MISC	1B	
GOJJI STERILE LANCETS 30G MISC	1B	QL(6.6667 ea daily)
GOODSENSE COLOR LANCETS MICRO-THIN 33G UNIVERSAL MISC	1B	QL(6.6667 ea daily)
GOODSENSE LANCETS MICRO-THIN 33G MISC	1B	QL(6.6667 ea daily)
GOODSENSE LANCETS MICRO-THIN 33G UNIVERSAL MISC	1B	QL(6.6667 ea daily)
GOODSENSE LANCETS ULTRA-THIN 26G UNIVERSAL MISC	1B	QL(6.6667 ea daily)
GOODSENSE LANCETS ULTRA-THIN 30G MISC	1B	QL(6.6667 ea daily)
GOODSENSE LANCETS ULTRA-THIN 30G UNIVERSAL MISC	1B	QL(6.6667 ea daily)
GOODSENSE LANCING DEVICE MISC	1B	
H-E-B INCONTROL ADVANCED LANCING DEVICE MISC	1B	
H-E-B INCONTROL LANCETS MICRO THIN 33G MISC	1B	QL(6.6667 ea daily)
H-E-B INCONTROL LANCETS SUPER THIN 30G MISC	1B	QL(6.6667 ea daily)
H-E-B INCONTROL LANCETS ULTRA THIN 28G MISC	1B	QL(6.6667 ea daily)
HAEMOLANCE LOW FLOW LANCETS MISC	1B	QL(6.6667 ea daily)
HAEMOLANCE MISC	1B	QL(6.6667 ea daily)
HAEMOLANCE PLUS HIGH FLOW MISC	1B	QL(6.6667 ea daily)
HAEMOLANCE PLUS LOW FLOW MISC	1B	QL(6.6667 ea daily)
HAEMOLANCE PLUS MAX FLOW MISC	1B	QL(6.6667 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
HAEMOLANCE PLUS MISC	1B	QL(6.6667 ea daily)
HAEMOLANCE PLUS PEDIATRIC FLOW MISC	1B	QL(6.6667 ea daily)
HEALTH CARE LANCING DEVICE MISC	1B	
HEALTHY ACCENTS AUTOLET IMPRESSION LANCING DEVICE MISC	1B	
HEALTHY ACCENTS UNILET LANCETS SUPER THIN 30G MISC	1B	QL(6.6667 ea daily)
HY-VEE LANCETS MISC	1B	QL(6.6667 ea daily)
HY-VEE THIN LANCETS MISC	1B	QL(6.6667 ea daily)
IN TOUCH LANCING DEVICE MISC	1B	
IN TOUCH STERILE LANCETS 30G MISC	1B	QL(6.6667 ea daily)
INFINITY CONTROL SOLUTION HIGH SOLN	1B	
KINNEY LANCETS MISC	1B	QL(6.6667 ea daily)
KINNEY THIN LANCETS MISC	1B	QL(6.6667 ea daily)
KROGER AUTOLET LANCING DEVICE MISC	1B	
KROGER HEALTHPRO TWIST LANCETS/26G MISC	1B	QL(6.6667 ea daily)
KROGER LANCETS 21G MISC	1B	QL(6.6667 ea daily)
KROGER LANCETS MICRO THIN 33G MISC	1B	QL(6.6667 ea daily)
KROGER LANCETS MISC	1B	QL(6.6667 ea daily)
KROGER LANCETS SUPER THIN MISC	1B	QL(6.6667 ea daily)
KROGER LANCETS THIN 26G MISC	1B	QL(6.6667 ea daily)
KROGER LANCETS THIN MISC	1B	QL(6.6667 ea daily)
KROGER LANCETS ULTRATHIN 30G MISC	1B	QL(6.6667 ea daily)

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

Drug Name	Drug Tier	Requirements/ Limits
LANZO MISC	1B	
LEADER ADVANCED LANCING DEVICE MISC	1B	
LIBERTY CONTROL SOLUTION HIGH SOLN	1B	
LIBERTY MEDICAL LANCETS 30G MISC	1B	QL(6.6667 ea daily)
LIBERTY MINI LANCING DEVICE MISC	1B	
LIFESCAN UNISTIK 2 DEEP PENETRATION MISC	1B	QL(6.6667 ea daily)
LIFESCAN UNISTIK II LANCETS MISC	1B	QL(6.6667 ea daily)
LITE TOUCH LANCETS MISC	1B	QL(6.6667 ea daily)
LITE TOUCH LANCING PEN MISC	1B	
LITETOUCH LANCETS MICRO THIN 33G MISC	1B	QL(6.6667 ea daily)
LIVE BETTER ADVANCED LANCING DEVICE MISC	1B	
LIVE BETTER LANCET SUPERTHIN 30G MISC	1B	QL(6.6667 ea daily)
LIVE BETTER LANCET ULTRATHIN 28G MISC	1B	QL(6.6667 ea daily)
LONGS LANCETS STANDARD MISC	1B	QL(6.6667 ea daily)
LONGS LANCETS THIN MISC	1B	QL(6.6667 ea daily)
LONGS LANCETS ULTRA THIN MISC	1B	QL(6.6667 ea daily)
MEDICHOICE PRE-SET SAFETY LANCET DUAL USE MISC	1B	QL(6.6667 ea daily)
MEDICHOICE PRE-SET SAFETY LANCET LOW FLOW MISC	1B	QL(6.6667 ea daily)
MEDICHOICE PRE-SET SAFETY LANCET MEDIUM FLOW MISC	1B	QL(6.6667 ea daily)
MEDICHOICE PRE-SET SAFETY LANCET MODERATE FLOW MISC	1B	QL(6.6667 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
MEDICHOICE SAFETY LANCETEXTRA MISC	1B	QL(6.6667 ea daily)
MEDICHOICE SAFETY LANCETNORMAL MISC	1B	QL(6.6667 ea daily)
MEDISENSE THIN LANCETS MISC	1B	QL(6.6667 ea daily)
MEDLANCE PLUS EXTRA LANCETS 21G MISC	1B	QL(6.6667 ea daily)
MEDLANCE PLUS LANCETS LITE 25G MISC	1B	QL(6.6667 ea daily)
MEDLANCE PLUS LANCETS MISC	1B	QL(6.6667 ea daily)
MEDLANCE PLUS LITE LANCETS 25G MISC	1B	QL(6.6667 ea daily)
MEDLANCE PLUS SPECIAL LANCETS 0.8MM MISC	1B	QL(6.6667 ea daily)
MEDLANCE PLUS SUPERLITE 30G MISC	1B	QL(6.6667 ea daily)
MEDLANCE PLUS SUPERLITE 30G/COMFORT MAX MISC	1B	QL(6.6667 ea daily)
MEDLANCE PLUS UNIVERSAL LANCETS 21G MISC	1B	QL(6.6667 ea daily)
MEDLANCE PLUS/LITE 25G MISC	1B	QL(6.6667 ea daily)
MEDLANCE/EXTRA MISC	1B	QL(6.6667 ea daily)
MEDLANCE/LITE MISC	1B	QL(6.6667 ea daily)
MEDLANCE/UNIVERSAL MISC	1B	QL(6.6667 ea daily)
MEIJER COLOR LANCETS UNIVERSAL 33G MISC	1B	QL(6.6667 ea daily)
MEIJER LANCETS MISC	1B	QL(6.6667 ea daily)
MEIJER LANCETS THIN MISC	1B	QL(6.6667 ea daily)
MEIJER LANCETS UNIVERSAL21G MISC	1B	QL(6.6667 ea daily)
MEIJER LANCETS UNIVERSAL30G MISC	1B	QL(6.6667 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
MEIJER LANCETS UNIVERSAL33G MISC	1B	QL(6.6667 ea daily)
MEIJER SUPER THIN LANCETS MISC	1B	QL(6.6667 ea daily)
MICROLET LANCETS MISC	1B	QL(6.6667 ea daily)
MICROLET NEXT MISC	1B	
MINI LANCING DEVICE MISC	1B	
MM LANCING DEVICE MISC	1B	
MM TWIST LANCETS MISC	1B	QL(6.6667 ea daily)
MONOLET LANCETS MISC	1B	QL(6.6667 ea daily)
MONOLET OPD LANCETS MISC	1B	QL(6.6667 ea daily)
MONOLETTOR SAFETY LANCETS MISC	1B	QL(6.6667 ea daily)
MPD SAFETY LANCET 21G/1.8MM MISC	1B	QL(6.6667 ea daily)
MPD SAFETY LANCET 28G/1.8MM MISC	1B	QL(6.6667 ea daily)
MPD SAFETY LANCET 30G/1.8MM MISC	1B	QL(6.6667 ea daily)
MPD SAFETY LANCETS 23G/1.8MM MISC	1B	QL(6.6667 ea daily)
MULTI-LANCET DEVICE MISC	1B	
MYGLUCOHEALTH MGH SOFTLANCE LANCETS 30G MISC	1B	QL(6.6667 ea daily)
NOVA SAFETY LANCETS 23G MISC	1B	QL(6.6667 ea daily)
NOVA SAFETY LANCETS 28G MISC	1B	QL(6.6667 ea daily)
NOVA SUREFLEX LANCETS MISC	1B	QL(6.6667 ea daily)
NOVA SUREFLEX LANCING DEVICE MISC	1B	
ON CALL LANCING DEVICE MISC	1B	
ON CALL PLUS LANCING DEVICE MISC	1B	

Drug Name	Drug Tier	Requirements/ Limits
ONETOUCH CLUB LANCETS FINE POINT MISC	1B	QL(6.6667 ea daily)
ONETOUCH DELICA LANCETS EXTRA FINE 33G MISC	1B	QL(6.6667 ea daily)
ONETOUCH DELICA LANCETS FINE 30G MISC	1B	QL(6.6667 ea daily)
ONETOUCH DELICA LANCING DEVICE MISC	1B	
ONETOUCH DELICA PLUS LANCETS EXTRA FINE 33G MISC	1B	QL(6.6667 ea daily)
ONETOUCH DELICA PLUS LANCETS FINE 30G MISC	1B	QL(6.6667 ea daily)
ONETOUCH DELICA PLUS LANCING DEVICE MISC	1B	
ONETOUCH DELICA SAFETY LANCING DEVICE MISC	1B	
ONETOUCH FINEPOINT LANCETS MISC	1B	QL(6.6667 ea daily)
ONETOUCH ULTRASOFT LANCETS MISC	1B	QL(6.6667 ea daily)
ONETOUCH VERIO CONTROL SOLUTION HIGH SOLN	1B	
PC LANCETS SUPER THIN 30G MISC	1B	QL(6.6667 ea daily)
PERFECT LANCETS 30G MISC	1B	QL(6.6667 ea daily)
PERFECT PRESSURE ACTIVATED SAFETY LANCETS 28G MISC	1B	QL(6.6667 ea daily)
PHARMACY COUNTER LANCETS MISC	1B	QL(6.6667 ea daily)
PIP LANCETS/28G MISC	1B	QL(6.6667 ea daily)
PIP LANCETS/30G MISC	1B	QL(6.6667 ea daily)
PRECISION THINS GP LANCET MISC	1B	QL(6.6667 ea daily)
PREFERRED PLUS LANCETS COLORED 21G MISC	1B	QL(6.6667 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
PREFERRED PLUS LANCETS SUPER THIN 30G MISC	1B	QL(6.6667 ea daily)
PREFERRED PLUS LANCETS THIN 26G MISC	1B	QL(6.6667 ea daily)
PRESSURE ACTIVATED SAFETYLANCET 21G MISC	1B	QL(6.6667 ea daily)
PRODIGY CONTROL SOLUTIONHIGH SOLN	1B	
PRODIGY LANCING DEVICE MISC	1B	
PRODIGY PRESSURE ACTIVATED SAFETY LANCETS MISC	1B	QL(6.6667 ea daily)
PRODIGY SAFETY LANCETS MISC	1B	QL(6.6667 ea daily)
PRODIGY TWIST TOP LANCETS MISC	1B	QL(6.6667 ea daily)
PSS SELECT GP LANCETS MISC	1B	QL(6.6667 ea daily)
PSS SELECT SAFETY LANCETS MISC	1B	QL(6.6667 ea daily)
PUSH BUTTON SAFETY LANCETS 21G MISC	1B	QL(6.6667 ea daily)
PUSH BUTTON SAFETY LANCETS 28G MISC	1B	QL(6.6667 ea daily)
PX ADVANCED LANCING DEVICE MISC	1B	
PX LANCET AUTO INJECTOR MISC	1B	
PX LANCETS ULTRA THIN 28G MISC	1B	QL(6.6667 ea daily)
PX LANCETS ULTRA THIN MISC	1B	QL(6.6667 ea daily)
QC ADVANCED LANCING DEVICE MISC	1B	
QC LANCETS SUPER THIN MISC	1B	QL(6.6667 ea daily)
QC LANCETS ULTRA THIN MISC	1B	QL(6.6667 ea daily)
QC UNILET LANCETS 28G/ULTRA THIN MISC	1B	QL(6.6667 ea daily)
QC UNILET LANCETS 33G/MICRO THIN MISC	1B	QL(6.6667 ea daily)

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

Drug Name	Drug Tier	Requirements/ Limits
RELION ULTRA THIN PLUS LANCETS 32G MISC	1B	QL(6.6667 ea daily)
RELION ULTRA THIN PLUS LANCETS 33G MISC	1B	QL(6.6667 ea daily)
REXALL LANCETS ULTRA THIN MISC	1B	QL(6.6667 ea daily)
RIGHTTEST GC300 HIGH CONTROL LIQD	1B	
RIGHTTEST GD500 LANCING DEVICE MISC	1B	
RIGHTTEST GL300 LANCETS MISC	1B	QL(6.6667 ea daily)
SAFE-T-LANCE LOW FLOW 25G MISC	1B	QL(6.6667 ea daily)
SAFE-T-LANCE NORMAL FLOW21G MISC	1B	QL(6.6667 ea daily)
SAFE-T-LANCE PLUS SAFETYLANCET HIGH FLOW MISC	1B	QL(6.6667 ea daily)
SAFE-T-LANCE PLUS SAFETYLANCET LOW FLOW MISC	1B	QL(6.6667 ea daily)
SAFE-T-LANCE PLUS SAFETYLANCET NORMAL FLOW MISC	1B	QL(6.6667 ea daily)
SAFETY LANCET 21G/PRESSURE ACTIVATED MISC	1B	QL(6.6667 ea daily)
SAFETY LANCET 23G/PRESSURE ACTIVATED MISC	1B	QL(6.6667 ea daily)
SAFETY LANCET 28G/PRESSURE ACTIVATED MISC	1B	QL(6.6667 ea daily)
SAFETY LANCETS 21G MISC	1B	QL(6.6667 ea daily)
SAFETY LANCETS 28G MISC	1B	QL(6.6667 ea daily)
SAFETY LET LANCETS MISC	1B	QL(6.6667 ea daily)
SB LANCETS THIN MISC	1B	QL(6.6667 ea daily)
SB LANCETS ULTRA THIN MISC	1B	QL(6.6667 ea daily)

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

Drug Name	Drug Tier	Requirements/ Limits
SOLUS V2 TWIST LANCETS 30G MISC	1B	QL(6.6667 ea daily)
STERILANCE TL MISC	1B	QL(6.6667 ea daily)
SUPER THIN LANCETS MISC	1B	QL(6.6667 ea daily)
SURE COMFORT LANCETS 18G MISC	1B	QL(6.6667 ea daily)
SURE COMFORT LANCETS 21G MISC	1B	QL(6.6667 ea daily)
SURE COMFORT LANCETS 23G MISC	1B	QL(6.6667 ea daily)
SURE COMFORT LANCETS 28G MISC	1B	QL(6.6667 ea daily)
SURE COMFORT LANCETS 30G MISC	1B	QL(6.6667 ea daily)
SURE COMFORT LANCING PEN MISC	1B	
SURE-LANCE FLAT LANCETS MISC	1B	QL(6.6667 ea daily)
SURE-LANCE LANCETS 26G MISC	1B	QL(6.6667 ea daily)
SURE-LANCE THIN LANCETS 28G MISC	1B	QL(6.6667 ea daily)
SURE-LANCE ULTRA THIN LANCETS MISC	1B	QL(6.6667 ea daily)
SURE-PEN MISC	1B	
SURE-TOUCH LANCETS UNIVERSAL MISC	1B	QL(6.6667 ea daily)
SURELITE LANCETS MISC	1B	QL(6.6667 ea daily)
SURESTEP PRO HIGH GLUCOSECONTROL LIQD	1B	
TECHLITE AST LANCETS MISC	1B	QL(6.6667 ea daily)
TECHLITE LANCETS 30G MISC	1B	QL(6.6667 ea daily)
TECHLITE LANCETS MISC	1B	QL(6.6667 ea daily)
TGT LANCET MICRO THIN 33G MISC	1B	QL(6.6667 ea daily)
TGT LANCET THIN 26G MISC	1B	QL(6.6667 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
TGT LANCET ULTRA THIN 30G MISC	1B	QL(6.6667 ea daily)
TGT LANCING DEVICE MISC	1B	
THINLETS GP LANCETS MISC	1B	QL(6.6667 ea daily)
TODAYS HEALTH ADVANCED LANCING DEVICE MISC	1B	
TODAYS HEALTH SUPER THINLANCETS 30G MISC	1B	QL(6.6667 ea daily)
TODAYS HEALTH ULTRA THINLANCETS 28G MISC	1B	QL(6.6667 ea daily)
TOPCARE LANCETS MICRO-THIN 33G MISC	1B	QL(6.6667 ea daily)
TRAVEL LANCETS 30G MISC	1B	QL(6.6667 ea daily)
TRAVEL LANCETS ADVANCED 28G MISC	1B	QL(6.6667 ea daily)
TRUE METRIX CONTROL SOLUTION LEVEL 3 SOLN	1B	
TRUEDRAW LANCING DEVICE MISC	1B	
TRUEPLUS LANCETS 26G MISC	1B	QL(6.6667 ea daily)
TRUEPLUS LANCETS 28G MISC	1B	QL(6.6667 ea daily)
TRUEPLUS LANCETS 28G SUPER THIN MISC	1B	QL(6.6667 ea daily)
TRUEPLUS LANCETS 30G MISC	1B	QL(6.6667 ea daily)
TRUEPLUS LANCETS 30G ULTRA THIN MISC	1B	QL(6.6667 ea daily)
TRUEPLUS LANCETS 33G MICRO THIN MISC	1B	QL(6.6667 ea daily)
TRUEPLUS LANCETS 33G MISC	1B	QL(6.6667 ea daily)
TRUEPLUS SAFETY LANCETS 28G MISC	1B	QL(6.6667 ea daily)
ULTI-LANCE AUTOMATIC/ CLEAR TIP MISC	1B	
ULTILET CLASSIC LANCETS MISC	1B	QL(6.6667 ea daily)
ULTILET LANCETS 33G MISC	1B	QL(6.6667 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
ULTILET LANCETS MISC	1B	QL(6.6667 ea daily)
ULTILET SAFETY LANCETS 21G X 2.2MM MISC	1B	QL(6.6667 ea daily)
ULTILET SAFETY LANCETS 23G MISC	1B	QL(6.6667 ea daily)
ULTRA THIN LANCETS 31G MISC	1B	QL(6.6667 ea daily)
ULTRA-THIN II AUTO LANCET MISC	1B	QL(6.6667 ea daily)
ULTRA-THIN II LANCETS 28G MISC	1B	QL(6.6667 ea daily)
ULTRA-THIN II LANCETS 30G MISC	1B	QL(6.6667 ea daily)
UNILET COMFORTOUCH LANCET MISC	1B	QL(6.6667 ea daily)
UNILET EXCELITE II MISC	1B	QL(6.6667 ea daily)
UNILET EXCELITE MISC	1B	QL(6.6667 ea daily)
UNILET G.P. LANCET MISC	1B	QL(6.6667 ea daily)
UNILET G.P. SUPERLITE LANCET MISC	1B	QL(6.6667 ea daily)
UNILET GP 28 ULTRA THIN MISC	1B	QL(6.6667 ea daily)
UNILET LANCET MISC	1B	QL(6.6667 ea daily)
UNILET LANCETS MICRO-THIN33G MISC	1B	QL(6.6667 ea daily)
UNILET LANCETS SUPER-THIN30G MISC	1B	QL(6.6667 ea daily)
UNILET LANCETS ULTRA-THIN 28G MISC	1B	QL(6.6667 ea daily)
UNILET SUPERLITE LANCET MISC	1B	QL(6.6667 ea daily)
UNISTIK 3 GENTLE MISC	1B	QL(6.6667 ea daily)
UNISTIK PRO SAFETY LANCET 21G MISC	1B	QL(6.6667 ea daily)
UNISTIK PRO SAFETY LANCET 25G MISC	1B	QL(6.6667 ea daily)
UNISTIK PRO SAFETY LANCET 28G MISC	1B	QL(6.6667 ea daily)

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

Drug Name	Drug Tier	Requirements/ Limits
WALGREENS ADVANCED TRAVELLANCETS 28G MISC	1B	QL(6.6667 ea daily)
WALGREENS COMFORT ASSUREDLANCETS MICRO THIN/33G MISC	1B	QL(6.6667 ea daily)
WALGREENS COMFORT ASSUREDLANCETS SUPER THIN/28G MISC	1B	QL(6.6667 ea daily)
WALGREENS LANCETS MISC	1B	QL(6.6667 ea daily)
WALGREENS THIN LANCETS MISC	1B	QL(6.6667 ea daily)
WALGREENS ULTRA THIN LANCETS MISC	1B	QL(6.6667 ea daily)
Parenteral Therapy Supplies		
ADVOCATE INSULIN SYRINGE/U-100/0.3ML/29GX1/2" MISC	1B	QL(5 ea daily); RX/OTC
ADVOCATE INSULIN SYRINGE/U-100/0.3ML/30GX5/16" MISC	1B	QL(5 ea daily); RX/OTC
ADVOCATE INSULIN SYRINGE/U-100/0.3ML/31GX5/16" MISC	1B	QL(5 ea daily)
ADVOCATE INSULIN SYRINGE/U-100/0.5ML/29GX1/2" MISC	1B	QL(5 ea daily); RX/OTC
ADVOCATE INSULIN SYRINGE/U-100/0.5ML/30GX5/16" MISC	1B	QL(5 ea daily); RX/OTC
ADVOCATE INSULIN SYRINGE/U-100/0.5ML/31GX5/16" MISC	1B	QL(5 ea daily)
ADVOCATE INSULIN SYRINGE/U-100/1ML/29GX1/2" MISC	1B	QL(5 ea daily); RX/OTC
ADVOCATE INSULIN SYRINGE/U-100/1ML/30GX5/16" MISC	1B	QL(5 ea daily); RX/OTC
ADVOCATE INSULIN SYRINGE/U-100/1ML/31GX5/16" MISC	1B	QL(5 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
ASSURE ID INSULIN SAFETY SYRINGE/1ML/31 G X 15/64" MISC	1B	QL(5 ea daily)
ASSURE ID INSULIN SAFETY SYRINGE/U-100/0.5ML/29G X 1/2" MISC	1B	QL(5 ea daily); RX/OTC
ASSURE ID INSULIN SAFETY SYRINGE/U-100/1ML/29G X 1/2" MISC	1B	QL(5 ea daily); RX/OTC
B-D INSULIN SYRINGE ULTRAFINE II/0.3ML/31G X 5/16" MISC	1B	QL(5 ea daily)
B-D INSULIN SYRINGE ULTRAFINE II/0.5ML/31G X 5/16" MISC	1B	QL(5 ea daily)
B-D INSULIN SYRINGE ULTRAFINE II/1ML/31G X 5/16" MISC	1B	QL(5 ea daily)
B-D INSULIN SYRINGE ULTRAFINE/0.3ML/30G X 1/2" MISC	1B	QL(5 ea daily)
B-D INSULIN SYRINGE ULTRAFINE/0.5ML/30G X 1/2" MISC	1B	QL(5 ea daily)
BD LO-DOSE INSULIN SYRINGE MICROFINE IV/0.5ML/28G X 1/2" MISC	1B	QL(5 ea daily); RX/OTC
BD AUTOSHIELD 29G X 3/16" MISC	1B	QL(5 ea daily)
BD AUTOSHIELD 29G X 5/16" MISC	1B	QL(5 ea daily)
BD AUTOSHIELD DUO 30G X 5MM MISC	1B	QL(5 ea daily)
BD INSULIN SYRINGE LUER-LOK/U-100/1ML MISC	1B	QL(5 ea daily); RX/OTC
BD INSULIN SYRINGE MICROFINE IV/U-100/0.5ML/28G X 1/2" MISC	1B	QL(5 ea daily); RX/OTC
BD INSULIN SYRINGE MICROFINE IV/U-100/1ML/27G X 5/8" MISC	1B	QL(5 ea daily)
BD INSULIN SYRINGE MICROFINE IV/U-100/1ML/28G X 1/2" MISC	1B	QL(5 ea daily); RX/OTC

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

Drug Name	Drug Tier	Requirements/ Limits
BD INSULIN SYRINGE ULTRAFINE/0.5ML/31G X 5/16" MISC	1B	QL(5 ea daily)
BD INSULIN SYRINGE ULTRAFINE/1ML/30G X 1/2" MISC	1B	QL(5 ea daily)
BD INSULIN SYRINGE ULTRAFINE/U-100/0.3ML/29G X 1/2" MISC	1B	QL(5 ea daily); RX/OTC
BD INSULIN SYRINGE ULTRAFINE/U-100/0.5ML/29G X 1/2" MISC	1B	QL(5 ea daily); RX/OTC
BD INSULIN SYRINGE ULTRAFINE/U-100/1ML/29G X 1/2" MISC	1B	QL(5 ea daily); RX/OTC
BD INSULIN SYRINGE ULTRAFINE/U-100/1ML/31G X 5/16" MISC	1B	QL(5 ea daily)
BD INSULIN SYRINGE/0.3ML/29G X 12.7MM MISC	1B	QL(5 ea daily); RX/OTC
BD INSULIN SYRINGE/0.5ML/29G X 12.7MM MISC	1B	QL(5 ea daily); RX/OTC
BD INSULIN SYRINGE/1ML/27G X 12.7MM MISC	1B	QL(5 ea daily); RX/OTC
BD INSULIN SYRINGE/1ML/29G X 12.7MM MISC	1B	QL(5 ea daily); RX/OTC
BD INSULIN SYRINGE/DETACHABLE NEEDLE/U-100/1ML/25G X 1" MISC	1B	QL(5 ea daily)
BD INSULIN SYRINGE/DETACHABLE NEEDLE/U-100/1ML/25G X 5/8" MISC	1B	QL(5 ea daily)
BD INSULIN SYRINGE/DETACHABLE NEEDLE/U-100/1ML/26G X 1/2" MISC	1B	QL(5 ea daily)
BD INSULIN SYRINGE/U-100/1ML/27G X 1/2" MISC	1B	QL(5 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
BD PEN NEEDLE/MICRO/ULTRAFINE/32G X 6MM MISC	1B	QL(5 ea daily)
BD PEN NEEDLE/MINI/ULTRAFINE/31G X 5MM MISC	1B	QL(5 ea daily); RX/OTC
BD PEN NEEDLE/NANO 2ND GEN/32G X 5/32" MISC	1B	QL(5 ea daily); RX/OTC
BD PEN NEEDLE/NANO/ULTRAFINE/32G X 4MM MISC	1B	QL(5 ea daily); RX/OTC
BD PEN NEEDLE/ORIGINAL/ULTRA-FINE/29G X 12.7MM MISC	1B	QL(5 ea daily)
BD PEN NEEDLE/SHORT/ULTRAFINE/31G X 8MM MISC	1B	QL(5 ea daily); RX/OTC
BD SAFETY-GLIDE INSULIN SYRINGE/0.5ML/29G X 1/2" MISC	1B	QL(5 ea daily); RX/OTC
BD SAFETY-LOK INSULIN SYRINGE/PERM NEEDLE/UF/1ML/29G X 1/2" MISC	1B	QL(5 ea daily); RX/OTC
BD SAFETYGLIDE INSULIN SYRINGE/0.3ML/29G X 1/2" MISC	1B	QL(5 ea daily); RX/OTC
BD SAFETYGLIDE INSULIN SYRINGE/0.3ML/31G X 5/16" MISC	1B	QL(5 ea daily)
BD SAFETYGLIDE INSULIN SYRINGE/1ML/31G X 15/64" MISC	1B	QL(5 ea daily)
BD SAFETYGLIDE INSULIN SYRINGE/0.5ML/30G X 5/16" MISC	1B	QL(5 ea daily); RX/OTC
BD VEO INSULIN SYRINGE ULTRAFINE/1ML/31G X 6MM MISC	1B	QL(5 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
BD VEO INSULIN SYRINGE ULTRA-FINE/U-100/1ML/31G X 15/64" MISC	1B	QL(5 ea daily)
CAREONE INSULIN SYRINGES/0.3ML/30G X 1/2" MISC	1B	QL(5 ea daily)
CAREONE INSULIN SYRINGES/0.3ML/31G X 5/16" MISC	1B	QL(5 ea daily)
CAREONE INSULIN SYRINGES/0.5ML/30G X 1/2" MISC	1B	QL(5 ea daily)
CAREONE INSULIN SYRINGES/0.5ML/31G X 5/16" MISC	1B	QL(5 ea daily)
CAREONE INSULIN SYRINGES/1ML/30G X 1/2" MISC	1B	QL(5 ea daily)
CAREONE INSULIN SYRINGES/1ML/31GX5/16" MISC	1B	QL(5 ea daily)
CARETOUCH INSULIN SYRINGE/0.3ML/31GX5/16" MISC	1B	QL(5 ea daily)
CARETOUCH INSULIN SYRINGE/0.5ML/31GX5/16" MISC	1B	QL(5 ea daily)
CARETOUCH INSULIN SYRINGE/1ML/30GX5/16" MISC	1B	QL(5 ea daily); RX/OTC
CARETOUCH INSULIN SYRINGE/1ML/31GX5/16" MISC	1B	QL(5 ea daily)
CARETOUCH INSULIN SYRINGE0.5ML/30GX5/16" MISC	1B	QL(5 ea daily); RX/OTC
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.3ML/29G X 1/2" MISC	1B	QL(5 ea daily); RX/OTC
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.3ML/30G X 1/2" MISC	1B	QL(5 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.3ML/30G X 5/16" MISC	1B	QL(5 ea daily); RX/OTC
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.3ML/31G X 5/16" MISC	1B	QL(5 ea daily)
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.5ML/28G X 1/2" MISC	1B	QL(5 ea daily); RX/OTC
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.5ML/29G X 1/2" MISC	1B	QL(5 ea daily); RX/OTC
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.5ML/30G X 1/2" MISC	1B	QL(5 ea daily)
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.5ML/30G X 5/16" MISC	1B	QL(5 ea daily); RX/OTC
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.5ML/31G X 5/16" MISC	1B	QL(5 ea daily)
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/1.0ML/30G X 1/2" MISC	1B	QL(5 ea daily)
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/1ML/28G X 1/2" MISC	1B	QL(5 ea daily); RX/OTC
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/1ML/29G X 1/2" MISC	1B	QL(5 ea daily); RX/OTC
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/1ML/30G X 5/16" MISC	1B	QL(5 ea daily); RX/OTC
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/U-100/1ML/31GX5/16" MISC	1B	QL(5 ea daily)

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

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

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

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

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

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

Drug Name	Drug Tier	Requirements/ Limits
EXEL COMFORT POINT INSULIN SYRINGE/1ML/30G X 5/16" MISC	1B	QL(5 ea daily); RX/OTC
FIFTY50 SUPERIOR COMFORTINSULIN SYRINGE/0.3ML/31G X 5/16" MISC	1B	QL(5 ea daily)
FIFTY50 SUPERIOR COMFORTINSULIN SYRINGE/0.5ML/31G X 5/16" MISC	1B	QL(5 ea daily)
FIFTY50 SUPERIOR COMFORTINSULIN SYRINGE/1ML/31G X 5/16" MISC	1B	QL(5 ea daily)
FREESTYLE PRECISION INSULIN SYRINGE/U-100/0.5ML/30G X 5/16" MISC	1B	QL(5 ea daily); RX/OTC
FREESTYLE PRECISION INSULIN SYRINGE/U-100/0.5ML/31G X 5/16" MISC	1B	QL(5 ea daily)
FREESTYLE PRECISION INSULIN SYRINGE/U-100/1ML/31G X 5/16" MISC	1B	QL(5 ea daily)
FREESTYLE PRECISION INSULIN SYRINGES/U-100/1ML/30G X 5/16" MISC	1B	QL(5 ea daily); RX/OTC
GLOBAL EASY GLIDE INSULIN SYRINGE/1ML/31G X 15/64" MISC	1B	QL(5 ea daily)
GLOBAL EASY GLIDE INSULIN SYRINGE/U-100/0.3ML/31G X 5/16" MISC	1B	QL(5 ea daily)
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.3ML/29G X 1/2" MISC	1B	QL(5 ea daily); RX/OTC
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.3ML/30G X 1/2" MISC	1B	QL(5 ea daily)

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

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

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

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

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

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

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

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

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

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

Drug Name	Drug Tier	Requirements/ Limits
MAXI-COMFORT INSULIN SYRINGE/U-100/0.5ML/28GX1/2" MISC	1B	QL(5 ea daily); RX/OTC
MAXI-COMFORT INSULIN SYRINGE/U-100/1ML/28GX1/2" MISC	1B	QL(5 ea daily); RX/OTC
MAXICOMFORT INSULIN SYRINGES 27G X 1/2" MISC	1B	QL(5 ea daily)
MAXICOMFORT INSULIN SYRINGES 27G X 1/2" MISC	1B	QL(5 ea daily); RX/OTC
MEDIC INSULIN SYRINGE/0.3ML/30G X 5/16" MISC	1B	QL(5 ea daily); RX/OTC
MEDIC INSULIN SYRINGE/0.5ML/30G X 5/16" MISC	1B	QL(5 ea daily); RX/OTC
MM INSULIN SYRINGE/U-100/0.3ML/30G X 5/16" MISC	1B	QL(5 ea daily); RX/OTC
MM INSULIN SYRINGE/U-100/0.3ML/31G X 5/16" MISC	1B	QL(5 ea daily)
MM INSULIN SYRINGE/U-100/1/2ML/30G X 5/16" MISC	1B	QL(5 ea daily); RX/OTC
MM INSULIN SYRINGE/U-100/1/2ML/31G X 5/16" MISC	1B	QL(5 ea daily)
MM INSULIN SYRINGE/U-100/1ML/30G X 5/16" MISC	1B	QL(5 ea daily); RX/OTC
MM INSULIN SYRINGE/U-100/1ML/31G X 5/16" MISC	1B	QL(5 ea daily)
MONOJECT INSULIN SYRINGE/1ML MISC	1B	QL(5 ea daily); RX/OTC
MONOJECT INSULIN SYRINGE/1ML/31G X 5/16" MISC	1B	QL(5 ea daily)
MONOJECT INSULIN SYRINGE/DETACH NEEDLE/1ML/25G X 5/8" MISC	1B	QL(5 ea daily)

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

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

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

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

Drug Name	Drug Tier	Requirements/ Limits
RA INSULIN SYRINGE/1ML/29G X 1/2" MISC	1B	QL(5 ea daily); RX/OTC
RA INSULIN SYRINGE/U-100/0.5ML/30G X 5/16" MISC	1B	QL(5 ea daily); RX/OTC
RA INSULIN SYRINGE/U-100/1 ML/30G X 5/16" MISC	1B	QL(5 ea daily); RX/OTC
REALITY INSULIN SYRINGE/U-100/0.5ML/28G X 1/2" MISC	1B	QL(5 ea daily); RX/OTC
REALITY INSULIN SYRINGE/U-100/0.5ML/29G X 1/2" MISC	1B	QL(5 ea daily); RX/OTC
REALITY INSULIN SYRINGE/U-100/1ML/28G X 1/2" MISC	1B	QL(5 ea daily); RX/OTC
REALITY INSULIN SYRINGE/U-100/1ML/29G X 1/2" MISC	1B	QL(5 ea daily); RX/OTC
RELION INSULIN SYRINGE 1ML/31GX15/64" MISC	1B	QL(5 ea daily)
RELION INSULIN SYRINGE/U-100/0.3ML/31G X 5/16" MISC	1B	QL(5 ea daily)
RELION INSULIN SYRINGE/U-100/0.5ML/29G X 1/2" MISC	1B	QL(5 ea daily); RX/OTC
RELION INSULIN SYRINGE/U-100/0.5ML/31G X 5/16" MISC	1B	QL(5 ea daily)
RELION INSULIN SYRINGE/U-100/1ML/31G X 15/64" MISC	1B	QL(5 ea daily)
RELION INSULIN SYRINGE/U-100/1ML/31G X 5/16" MISC	1B	QL(5 ea daily)
SAFESNAP INSULIN SYRINGE/0.3ML/30G X 5/16" MISC	1B	QL(5 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
SAFESNAP INSULIN SYRINGE/0.5ML/29G X 1/2" MISC	1B	QL(5 ea daily); RX/OTC
SAFESNAP INSULIN SYRINGE/0.5ML/30G X 5/16" MISC	1B	QL(5 ea daily); RX/OTC
SAFESNAP INSULIN SYRINGE/1ML/28G X 1/2" MISC	1B	QL(5 ea daily); RX/OTC
SAFESNAP INSULIN SYRINGE/1ML/29G X 1/2" MISC	1B	QL(5 ea daily); RX/OTC
SAFETY INSULIN SYRINGES 0.5ML/29GX1/2" MISC	1B	QL(5 ea daily); RX/OTC
SAFETY INSULIN SYRINGES 0.5ML/30GX5/16" MISC	1B	QL(5 ea daily); RX/OTC
SAFETY INSULIN SYRINGES 1ML/29GX1/2" MISC	1B	QL(5 ea daily); RX/OTC
SAFETY INSULIN SYRINGES 1ML/30GX1/2" MISC	1B	QL(5 ea daily)
SB INSULIN SYRINGE/U-100/0.5ML/29G X 1/2" MISC	1B	QL(5 ea daily); RX/OTC
SB INSULIN SYRINGE/U-100/0.5ML/30G X 5/16" MISC	1B	QL(5 ea daily); RX/OTC
SB INSULIN SYRINGE/U-100/1ML/29G X 1/2" MISC	1B	QL(5 ea daily); RX/OTC
SB INSULIN SYRINGE/U-100/1ML/30G X 5/16" MISC	1B	QL(5 ea daily); RX/OTC
SB INSULIN SYRINGE/U-100/1ML/31G X 5/16" MISC	1B	QL(5 ea daily)
SECURESAFE SAFETY INSULIN SYRINGES/U-100/0.5ML/29GX1/2" MISC	1B	QL(5 ea daily); RX/OTC
SECURESAFE SAFETY INSULIN SYRINGES/U-100/1ML/29GX1/2" MISC	1B	QL(5 ea daily); RX/OTC
SURE COMFORT INSULIN SYRINGE/U-100/0.3ML/29G X 1/2" MISC	1B	QL(5 ea daily); RX/OTC

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

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

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

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

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

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

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

Drug Name	Drug Tier	Requirements/ Limits
ULTICARE INSULIN SYRINGEULTRAFINE U-100/0.5ML/31G X 5/16" MISC	1B	QL(5 ea daily)
ULTICARE INSULIN SYRINGEULTRAFINE U-100/1ML/31G X 5/16" MISC	1B	QL(5 ea daily)
ULTIGUARD SAFEPACK INSULIN SYRINGE 0.3ML/30G X 1/2"/SHARPS C MISC	1B	QL(5 ea daily)
ULTIGUARD SAFEPACK INSULIN SYRINGE 1/2ML 30G X 1/2"/SHARPS C MISC	1B	QL(5 ea daily)
ULTIGUARD SAFEPACK INSULIN SYRINGE 1ML 30G X 1/2"/SHARPS CON MISC	1B	QL(5 ea daily)
ULTIGUARD SAFEPACK INSULIN SYRINGE 1ML 31G X 5/16"/SHARPS CO MISC	1B	QL(5 ea daily)
ULTIGUARD SAFEPACK INSULIN SYRINGE/0.3ML/30G X 1/2"/SHARPS C MISC	1B	QL(5 ea daily)
ULTIGUARD SAFEPACK INSULIN SYRINGE/0.3ML/31G X 5/16"/SHARPS MISC	1B	QL(5 ea daily)
ULTIGUARD SAFEPACK INSULIN SYRINGE/0.5ML/30G X 1/2"/SHARPS C MISC	1B	QL(5 ea daily)
ULTIGUARD SAFEPACK/SYRINGE/NEEDLE/31G X 5/16"/SHARPS CONTAIN MISC	1B	QL(5 ea daily)
ULTILET INSULIN SYRINGE/0.3ML/30G X 8MM MISC	1B	QL(5 ea daily); RX/OTC
ULTILET INSULIN SYRINGE/0.3ML/31G X 8MM MISC	1B	QL(5 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
ULTILET INSULIN SYRINGE/0.5ML/30G X 8MM MISC	1B	QL(5 ea daily); RX/OTC
ULTILET INSULIN SYRINGE/1ML/30G X 8MM MISC	1B	QL(5 ea daily); RX/OTC
ULTILET INSULIN SYRINGE/1ML/31G X 8MM MISC	1B	QL(5 ea daily)
ULTILET INSULIN SYRINGE/SHORT/0.3ML/30G X 12.7MM MISC	1B	QL(5 ea daily)
ULTILET INSULIN SYRINGE/SHORT/0.3ML/30G X 5/16" MISC	1B	QL(5 ea daily); RX/OTC
ULTILET INSULIN SYRINGE/SHORT/0.3ML/31G X 5/16" MISC	1B	QL(5 ea daily)
ULTILET INSULIN SYRINGE/SHORT/0.5ML/30G X 5/16" MISC	1B	QL(5 ea daily); RX/OTC
ULTILET INSULIN SYRINGE/SHORT/0.5ML/31G X 5/16" MISC	1B	QL(5 ea daily)
ULTILET INSULIN SYRINGE/SHORT/1ML/30G X 5/16" MISC	1B	QL(5 ea daily); RX/OTC
ULTILET INSULIN SYRINGE/SHORT/1ML/31G X 5/16" MISC	1B	QL(5 ea daily)
ULTILET INSULIN SYRINGE/U-100/0.5ML/30G X 1/2" MISC	1B	QL(5 ea daily)
ULTILET INSULIN SYRINGE/U-100/1ML/30G X 1/2" MISC	1B	QL(5 ea daily)
ULTRA COMFORT INSULIN SYRINGE/U-100/0.3ML/30G X 5/16" MISC	1B	QL(5 ea daily); RX/OTC
ULTRA FLO INSULIN SYRINGE 0.3ML/29G X 1/2" MISC	1B	QL(5 ea daily); RX/OTC
ULTRA FLO INSULIN SYRINGE 0.3ML/30GX1/2" MISC	1B	QL(5 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
ULTRA FLO INSULIN SYRINGE 0.3ML/30GX5/16" MISC	1B	QL(5 ea daily); RX/OTC
ULTRA FLO INSULIN SYRINGE 0.3ML/31GX5/16" MISC	1B	QL(5 ea daily)
ULTRA FLO INSULIN SYRINGE 0.5ML/29GX1/2" MISC	1B	QL(5 ea daily); RX/OTC
ULTRA FLO INSULIN SYRINGE 0.5ML/30GX1/2" MISC	1B	QL(5 ea daily)
ULTRA FLO INSULIN SYRINGE 0.5ML/30GX5/16" MISC	1B	QL(5 ea daily); RX/OTC
ULTRA FLO INSULIN SYRINGE 0.5ML/31GX5/16" MISC	1B	QL(5 ea daily)
ULTRA FLO INSULIN SYRINGE 1/2 UNIT/0.3ML/30GX1/2" MISC	1B	QL(5 ea daily)
ULTRA FLO INSULIN SYRINGE 1/2 UNIT/0.3ML/30GX5/16" MISC	1B	QL(5 ea daily); RX/OTC
ULTRA FLO INSULIN SYRINGE 1/2 UNIT/0.3ML/31GX5/16" MISC	1B	QL(5 ea daily)
ULTRA FLO INSULIN SYRINGE 1M/29GX1/2" MISC	1B	QL(5 ea daily); RX/OTC
ULTRA FLO INSULIN SYRINGE 1ML/30GX1/2" MISC	1B	QL(5 ea daily)
ULTRA FLO INSULIN SYRINGE 1ML/30GX5/16" MISC	1B	QL(5 ea daily); RX/OTC
ULTRA FLO INSULIN SYRINGE 1ML/31GX5/16" MISC	1B	QL(5 ea daily)
ULTRA-THIN II INSULIN SYRINGE SHORT/U-100/0.3ML/30GX5/16" MISC	1B	QL(5 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
ULTRA-THIN II INSULIN SYRINGE SHORT/U-100/0.3ML/31GX5/16" MISC	1B	QL(5 ea daily)
ULTRA-THIN II INSULIN SYRINGE SHORT/U-100/0.5ML/30GX5/16" MISC	1B	QL(5 ea daily); RX/OTC
ULTRA-THIN II INSULIN SYRINGE SHORT/U-100/0.5ML/31GX5/16" MISC	1B	QL(5 ea daily)
ULTRA-THIN II INSULIN SYRINGE SHORT/U-100/1ML/30GX5/16" MISC	1B	QL(5 ea daily); RX/OTC
ULTRA-THIN II INSULIN SYRINGE SHORT/U-100/1ML/31GX5/16" MISC	1B	QL(5 ea daily)
ULTRA-THIN II INSULIN SYRINGE/U-100/0.5ML/29GX1/2" MISC	1B	QL(5 ea daily); RX/OTC
ULTRA-THIN II INSULIN SYRINGE/U-100/1ML/29GX1/2" MISC	1B	QL(5 ea daily); RX/OTC
ULTRACARE INSULIN SYRINGE/U-100/0.3ML/30G X 5/16" MISC	1B	QL(5 ea daily); RX/OTC
ULTRACARE INSULIN SYRINGE/U-100/0.3ML/31G X 5/16" MISC	1B	QL(5 ea daily)
ULTRACARE INSULIN SYRINGE/U-100/0.5ML/30G X 1/2" MISC	1B	QL(5 ea daily)
ULTRACARE INSULIN SYRINGE/U-100/0.5ML/30G X 5/16" MISC	1B	QL(5 ea daily); RX/OTC
ULTRACARE INSULIN SYRINGE/U-100/0.5ML/31G X 5/16" MISC	1B	QL(5 ea daily)
ULTRACARE INSULIN SYRINGE/U-100/1ML/30G X 1/2" MISC	1B	QL(5 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
ULTRACARE INSULIN SYRINGE/U-100/1ML/30G X 5/16" MISC	1B	QL(5 ea daily); RX/OTC
ULTRACARE INSULIN SYRINGE/U-100/1ML/31G X 5/16" MISC	1B	QL(5 ea daily)
VALUE HEALTH INSULIN SYRINGE/U-100/0.5ML/29G X 1/2" MISC	1B	QL(5 ea daily); RX/OTC
VALUE HEALTH INSULIN SYRINGE/U-100/1ML/29G X 1/2" MISC	1B	QL(5 ea daily); RX/OTC
VANISHPOINT INSULIN SYRINGE/0.5ML/30G X 1/2" MISC	1B	QL(5 ea daily)
VANISHPOINT INSULIN SYRINGE/0.5ML/30G X 5/16" MISC	1B	QL(5 ea daily); RX/OTC
VANISHPOINT INSULIN SYRINGE/1ML/29G X 1/2" MISC	1B	QL(5 ea daily); RX/OTC
VANISHPOINT INSULIN SYRINGE/1ML/30G X 5/16" MISC	1B	QL(5 ea daily); RX/OTC
VP INSULIN SYRINGE/U-100/0.3ML/29G X 1/2" MISC	1B	QL(5 ea daily); RX/OTC
ZEVRX INSULIN SYRINGE/0.5ML/30G X 1/2" MISC	1B	QL(5 ea daily)
ZEVRX INSULIN SYRINGE/0.5ML/30G X 5/16" MISC	1B	QL(5 ea daily); RX/OTC
ZEVRX INSULIN SYRINGE/1ML/30G X 1/2" MISC	1B	QL(5 ea daily)
ZEVRX INSULIN SYRINGE/1ML/30G X 5/16" MISC	1B	QL(5 ea daily); RX/OTC
MIGRAINE PRODUCTS - Drugs to Treat Migraine Headaches		
Calcitonin Gene-Related Peptide (CGRP)		
AIMOVIG SOAJ	2	PA; QL(0.04 ml daily)
EMGALITY SOAJ 120 MG/ML	2	PA; QL(0.07 ml daily)

Drug Name	Drug Tier	Requirements/ Limits
EMGALITY SOSY 100 MG/ML	3	PA; QL(0.1 ml daily)
EMGALITY SOSY 120 MG/ML	2	PA; QL(0.07 ml daily)
Migraine Combinations		
CAFERGOT TABS (<i>Use ergotamine w/ caffeine</i>)	NF	QL(1.5 ea daily)
<i>ergotamine w/ caffeine tabs or 1 mg-100 mg</i>	1B	QL(1.5 ea daily)
<i>sumatriptan-naproxen sodium tabs</i>	3	QL(10 ea per 30 days retail, 10 ea per 30 days mail)
TREXIMET TABS (<i>Use sumatriptan-naproxen sodium</i>)	NF	QL(10 ea per 30 days retail, 10 ea per 30 days mail)
Migraine Products		
D.H.E. 45 SOLN (<i>Use dihydroergotamine mesylate</i>)	NF	
<i>dihydroergotamine mesylate soln ij 1 mg/ml</i>	1B	
<i>dihydroergotamine mesylate soln na 4 mg/ml</i>	1B	QL(0.267 ml daily)
ERGOMAR SUBL	3	QL(0.667 ea daily)
MIGRANAL SOLN (<i>Use dihydroergotamine mesylate</i>)	NF	QL(0.267 ml daily)
Serotonin Agonists		
<i>almotriptan malate tabs 12.5 mg</i>	1B	ST; QL(0.4 ea daily); AL(At least 12 yrs old)
<i>almotriptan malate tabs 6.25 mg</i>	1B	ST; QL(0.3 ea daily); AL(At least 12 yrs old)
AMERGE TABS (<i>Use naratriptan hcl</i>)	NF	QL(0.3 ea daily); AL(At least 18 yrs old)

Drug Name	Drug Tier	Requirements/ Limits
<i>eletriptan hydrobromide tabs</i>	1B	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>	1B	ST; QL(0.4 ea daily); AL(At least 18 yrs old)
IMITREX SOLN NA 20 MG/ACT, 5 MG/ACT (<i>Use sumatriptan</i>)	NF	QL(0.2 ea daily); AL(At least 18 yrs old)
IMITREX SOLN SC 6 MG/0.5ML (<i>Use sumatriptan succinate</i>)	NF	QL(0.134 ml daily); AL(At least 18 yrs old)
IMITREX STATDOSE REFILL SOCT (<i>Use sumatriptan succinate</i>)	NF	QL(0.134 ml daily); AL(At least 18 yrs old)
IMITREX STATDOSE SYSTEM SOAJ (<i>Use sumatriptan succinate</i>)	NF	QL(0.134 ml daily); AL(At least 18 yrs old)
IMITREX TABS OR 100 MG, 25 MG, 50 MG (<i>Use sumatriptan succinate</i>)	NF	QL(0.3 ea daily); AL(At least 18 yrs old)
MAXALT TABS (<i>Use rizatriptan benzoate</i>)	NF	QL(0.6 ea daily); AL(At least 6 yrs old)
MAXALT-MLT TBDP (<i>Use rizatriptan benzoate</i>)	NF	QL(0.6 ea daily); AL(At least 6 yrs old)
<i>naratriptan hcl tabs</i>	1B	QL(0.3 ea daily); AL(At least 18 yrs old)
RELPAK TABS (<i>Use eletriptan hydrobromide</i>)	NF	ST; QL(0.2 ea daily); AL(At least 18 yrs old)

Drug Name	Drug Tier	Requirements/ Limits
<i>rizatriptan benzoate tabs 10 mg</i>	1B	QL(0.6 ea daily); AL(At least 6 yrs old)
<i>rizatriptan benzoate tabs 5 mg</i>	1B	QL(0.4 ea daily); AL(At least 6 yrs old)
<i>rizatriptan benzoate tbdp 10 mg</i>	1B	QL(0.6 ea daily); AL(At least 6 yrs old)
<i>rizatriptan benzoate tbdp 5 mg</i>	1B	QL(0.4 ea daily); AL(At least 6 yrs old)
<i>sumatriptan soln</i>	1B	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>	1B	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>	1B	QL(0.134 ml daily); AL(At least 18 yrs old)
<i>sumatriptan succinate soln sc 6 mg/0.5ml</i>	1B	QL(0.134 ml daily); AL(At least 18 yrs old)
<i>sumatriptan succinate sosy sc 6 mg/0.5ml</i>	1B	QL(0.134 ml daily); AL(At least 18 yrs old)
<i>sumatriptan succinate tabs or 100 mg, 25 mg, 50 mg</i>	1B	QL(0.3 ea daily); AL(At least 18 yrs old)
<i>zolmitriptan soln na 2.5 mg, 5 mg</i>	1B	ST; QL(0.2 ea daily); AL(At least 12 yrs old)
<i>zolmitriptan tabs or 2.5 mg, 5 mg</i>	1B	ST; QL(0.3 ea daily); AL(At least 12 yrs old)
<i>zolmitriptan tbdp or 2.5 mg, 5 mg</i>	1B	ST; QL(0.3 ea daily); AL(At least 12 yrs old)

Drug Name	Drug Tier	Requirements/ Limits
ZOMIG SOLN NA 2.5 MG, 5 MG (<i>Use zolmitriptan</i>)	3	ST; QL(0.2 ea daily); AL(At least 12 yrs old)
ZOMIG TABS OR 2.5 MG, 5 MG (<i>Use zolmitriptan</i>)	NF	ST; QL(0.3 ea daily); AL(At least 12 yrs old)
ZOMIG ZMT TBDP (<i>Use zolmitriptan</i>)	NF	ST; QL(0.3 ea daily); AL(At least 12 yrs old)

MINERALS & ELECTROLYTES

Bicarbonates

SODIUM ACETATE SOLN 2 MEQ/ML (<i>Use sodium acetate</i>)	1B	
<i>sodium acetate soln 2 meq/ml, 4 meq/ml</i>	1B	

Calcium

<i>calcium chloride (dihydrate) soln</i>	1B	
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Electrolyte Mixtures

DEXTROSE 5%/NACL 0.3% SOLN (<i>Use dextrose w/ sodium chloride</i>)	NF	
<i>dextrose in lactated ringers soln</i>	1B	
DEXTROSE/SODIUM CHLORIDE SOLN (<i>Use dextrose w/ sodium chloride</i>)	NF	
ELLIOTTS B SOLN	4	PA
IONOSOL-MB/DEXTROSE 5% SOLN	1B	
ISOLYTE-P/DEXTROSE 5% SOLN	1B	
ISOLYTE-S SOLN	1B	
KCL 0.3%/D5W/NACL 0.9% SOLN	1B	
<i>lactated ringer's soln</i>	1B	
NORMOSOL-M IN D5W SOLN	1B	

Drug Name	Drug Tier	Requirements/ Limits
NORMOSOL-M/D5W SOLN	1B	
NORMOSOL-R SOLN	1B	
PLASMA-LYTE A SOLN	1B	
PLASMA-LYTE-148 SOLN	1B	
<i>potassium chloride in dextrose & sodium chloride soln</i>	1B	
<i>potassium chloride in dextrose soln</i>	1B	
<i>potassium chloride in nacl soln</i>	1B	
POTASSIUM CHLORIDE/DEXTROSE/LACTATED RINGERS SOLN	1B	
POTASSIUM CHLORIDE/SODIUM CHLORIDE SOLN 0.45 %-20 MEQ/L (Use <i>potassium chloride in nacl</i>)	1B	
POTASSIUM CHLORIDE/SODIUM CHLORIDE SOLN 0.9 %-40 MEQ/L (Use <i>potassium chloride in nacl</i>)	NF	
<i>ringer's soln</i>	1B	
Fluoride		
<i>sodium fluoride chew 0.25 mg, 0.5 mg, 1 mg, 2.2 mg</i>	0	QL(1 ea daily)
Magnesium		
<i>magnesium sulfate soln ij 50 %</i>	1B	
Phosphate		
<i>potassium phosphates soln 224 mg/ml-236 mg/ml, 236 mg/ml-224 mg/ml</i>	1B	
Potassium		
K-TAB TBCR 10 MEQ, 8 MEQ (Use <i>potassium chloride</i>)	NF	
<i>potassium acetate soln</i>	1B	

Drug Name	Drug Tier	Requirements/ Limits
<i>potassium bicarbonate tbef</i>	1B	
<i>potassium chloride cpcr or 10 meq, 8 meq</i>	1B	
<i>potassium chloride microencapsulated crystals er tbc</i>	1B	
<i>potassium chloride pack or 20 meq</i>	1B	PA
POTASSIUM CHLORIDE SOLN IV 10 MEQ/50ML	1B	
POTASSIUM CHLORIDE SOLN IV 10 MEQ/50ML (Use <i>potassium chloride</i>)	1B	
<i>potassium chloride soln iv 10 meq/50ml, 20 meq/50ml, 2 meq/ml</i>	1B	
POTASSIUM CHLORIDE SOLN IV 20 MEQ/100ML, 20 MEQ/50ML (Use <i>potassium chloride</i>)	NF	
<i>potassium chloride soln or 10 %</i>	1B	
<i>potassium chloride tbc</i> or 10 meq, 8 meq	1B	
Sodium		
<i>sodium chloride soln ij 2.5 meq/ml</i>	1B	
<i>sodium chloride soln iv 3 %, 5 %, 0.9 %, 4 meq/ml, 0.45 %</i>	1B	
MISCELLANEOUS THERAPEUTIC CLASSES		
Chelating Agents		
CUPRIMINE CAPS (Use <i>penicillamine</i>)	NF	PA
DEPEN TITRATABS TABS (Use <i>penicillamine</i>)	NF	QL(8 ea daily)
<i>penicillamine caps</i>	1B	PA
<i>penicillamine tabs</i>	1B	QL(8 ea daily)
SYPRINE CAPS (Use <i>trientine hcl</i>)	NF	PA; QL(8 ea daily); SP
<i>trientine hcl caps</i>	4	PA; QL(8 ea daily); SP

Drug Name	Drug Tier	Requirements/ Limits
Immunomodulators		
<i>lenalidomide caps</i>	4	PA; QL(1 ea daily); SP
REVLIMID CAPS 2.5 MG, 10 MG, 15 MG, 25 MG, 5 MG	4	PA; QL(1 ea daily); SP
REVLIMID CAPS 20 MG	4	PA;
THALOMID CAPS	4	PA; QL(3 ea daily); SP
Immunosuppressive Agents		
ATGAM INJ	4	PA; SP
AZATHIOPRINE SOLR IJ 100 MG	1B	
<i>azathioprine tabs or 100 mg, 50 mg, 75 mg</i>	1B	
CELLCEPT CAPS 250 MG (Use <i>mycophenolate mofetil</i>)	NF	
CELLCEPT TABS 500 MG (Use <i>mycophenolate mofetil</i>)	NF	
<i>cyclosporine caps</i>	1B	
<i>cyclosporine modified (for microemulsion) caps</i>	1B	
<i>cyclosporine modified (for microemulsion) soln</i>	1B	
<i>cyclosporine soln</i>	1B	
<i>everolimus (immunosuppressant) tabs 0.25 mg, 0.5 mg, 0.75 mg</i>	4	PA; QL(20 ea daily); SP
IMURAN TABS (Use <i>azathioprine</i>)	NF	
<i>mycophenolate mofetil caps or 250 mg</i>	1B	
<i>mycophenolate mofetil tabs or 500 mg</i>	1B	
<i>mycophenolate sodium tbec</i>	1B	
MYFORTIC TBEC (Use <i>mycophenolate sodium</i>)	NF	

Drug Name	Drug Tier	Requirements/ Limits
NEORAL CAPS (Use <i>cyclosporine modified (for microemulsion)</i>)	NF	
NEORAL SOLN (Use <i>cyclosporine modified (for microemulsion)</i>)	NF	
NULOJIX SOLR	4	PA; SP
PROGRAF CAPS OR 1 MG, 0.5 MG, 5 MG (Use <i>tacrolimus</i>)	NF	
PROGRAF PACK OR 0.2 MG, 1 MG	2	PA
PROGRAF SOLN IV 5 MG/ML	2	
RAPAMUNE TABS 0.5 MG, 1 MG, 2 MG (Use <i>sirolimus</i>)	NF	
SANDIMMUNE CAPS OR 100 MG, 25 MG (Use <i>cyclosporine</i>)	NF	
SANDIMMUNE SOLN IV 50 MG/ML (Use <i>cyclosporine</i>)	NF	
SIMULECT SOLR	3	
<i>sirolimus tabs 0.5 mg, 1 mg, 2 mg</i>	1B	
<i>tacrolimus caps</i>	1B	
THYMOGLOBULIN SOLR	4	PA; SP
ZORTRESS TABS 0.25 MG, 0.5 MG, 0.75 MG (Use <i>everolimus (immunosuppressant)</i>)	NF	PA; QL(20 ea daily); SP
Irrigation Solutions		
<i>irrigation solutions, physiological soln</i>	1B	
<i>lactated ringer's (irrigation) soln</i>	1B	
<i>ringer's irrigation soln</i>	1B	
<i>water for irrigation, sterile soln</i>	1B	
Potassium Removing Agents		

Drug Name	Drug Tier	Requirements/ Limits
<i>sodium polystyrene sulfonate powd</i>	1B	
<i>sodium polystyrene sulfonate susp</i>	1B	
MOUTH/THROAT/DENTAL AGENTS		
Anesthetics Topical Oral		
<i>lidocaine hcl (mouth-throat) soln 2 %</i>	1B	QL(4 ml daily)
<i>lidocaine hcl (mouth-throat) soln 4 %</i>	1B	
Anti-infectives - Throat		
<i>clotrimazole troc</i>	1B	
<i>nystatin (mouth-throat) susp</i>	1B	
Antiseptics - Mouth/Throat		
<i>chlorhexidine gluconate (mouth-throat) soln</i>	1B	
DEBACTEROL SOLN	2	
PERIDEX SOLN (<i>Use chlorhexidine gluconate (mouth-throat)</i>)	NF	
Dental Products		
<i>stannous fluoride conc mt 0.63 %</i>	0	RX/OTC
Steroids - Mouth/Throat/Dental		
<i>triamcinolone acetonide (mouth) pste</i>	1B	
Throat Products - Misc.		
<i>cevimeline hcl caps</i>	1B	
EVOXAC CAPS (<i>Use cevimeline hcl</i>)	NF	
<i>pilocarpine hcl (oral) tabs</i>	1B	
SALAGEN TABS (<i>Use pilocarpine hcl (oral)</i>)	NF	
MULTIVITAMINS		
Ped MV w/ Fluoride		

Drug Name	Drug Tier	Requirements/ Limits
<i>pediatric multivitamins w/fl chew 0.25 mg-0.3 mg-1.05 mg-1.05 mg-1.2 mg-4.5 mcg-13.5 mg-15 unit-60 mg-400 unit-2500 unit, 0.25 mg-1.05 mg-1.05 mg-1.2 mg-4.5 mcg-13.5 mg-15 unit-60 mg-300 mcg-400 unit-2500 unit, 0.3 mg-1 mg-1.05 mg-1.05 mg-1.2 mg-4.5 mcg-13.5 mg-15 unit-60 mg-400 unit-2500 unit, 1 mg-1.05 mg-1.05 mg-1.2 mg-4.5 mcg-13.5 mg-15 unit-60 mg-300 mcg-400 unit-2500 unit, 0.3 mg-0.5 mg-1.05 mg-1.05 mg-1.2 mg-4.5 mcg-13.5 mg-15 unit-60 mg-400 unit-2500 unit, 0.5 mg-1.05 mg-1.05 mg-1.2 mg-4.5 mcg-13.5 mg-15 unit-60 mg-300 mcg-400 unit-2500 unit</i>	1A	RX/OTC
Prenatal Vitamins		
CLASSIC PRENATAL TABS	2	QL(1 ea daily)
CVS PRENATAL TABS	2	QL(1 ea daily)
EQL PRENATAL FORMULA TABS	2	QL(1 ea daily)
GNP PRENATAL TABS	2	QL(1 ea daily)
GOODSENSE PRENATAL VITAMINS TABS	2	QL(1 ea daily)
HM PRENATAL TABS	2	QL(1 ea daily)
KP PRENATAL MULTIVITAMINS TABS	2	QL(1 ea daily)
M-NATAL PLUS TABS	2	QL(1 ea daily); RX/OTC
MASONATAL TABS	2	QL(1 ea daily)
MULTI PRENATAL TABS	2	QL(1 ea daily)

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

Drug Name	Drug Tier	Requirements/ Limits
PRENATAL TABS 0.8 MG-1.5 MG-1.7 MG-2.6 MG-4 MCG-11 UNIT-18 MG-25 MG-27 MG-100 MG-263 MG-400 UNIT-4000 UNIT, 0.8 MG-1.5 MG-1.7 MG-2.6 MG-4 MCG-18 MG-27 MG-100 MG-263 MG-400 UNIT-4000 UNIT-25 MG-11 UNIT, 0.8 MG-1.7 MG-1.8 MG-2.6 MG-8 MCG-20 MG-25 MG-28 MG-30 UNIT-120 MG-200 MG-400 UNIT-4000 UNIT, 1.5 MG-1.7 MG-2.6 MG-4 MCG-5 MG-10 MCG-18 MG-25 MG-27 MG-100 MG-200 MG-800 MCG-1200 MCG, 1.7 MG-1.8 MG-2.6 MG-8 MCG-20 MG-25 MG-28 MG-120 MG-200 MG-400 UNIT-800 MCG-4000 UNIT-30 UNIT, 1.7 MG-1.8 MG-2.6 MG-8 MCG-20 MG-25 MG-28 MG-30 UNIT-120 MG-200 MG-400 UNIT-800 MCG-4000 UNIT, 1.7 MG-1.84 MG-2.6 MG-4 MCG-11 UNIT-18 MG-25 MG-27 MG-100 MG-160 MG-200 MG-400 UNIT-800 MCG-4000 UNIT	2	QL(1 ea daily)
PRENATAL TABS 1 MG-1.84 MG-2 MG-3 MG-10 MCG-10 MG-10 MG-12 MCG-20 MG-25 MG-27 MG-120 MG-200 MG-1200 MCG	2	QL(1 ea daily); RX/OTC
<i>prenatal vit w/ ferrous fumarate-folic acid tabs 3 mg-1 mg-1.84 mg-2 mg-10 mg-12 mcg-20 mg-22 mg-25 mg-27 mg-120 mg-200 mg-400 unit-4000 unit</i>	1B	QL(1 ea daily); RX/OTC
PRENATAL VITAMIN & MINERAL TABS	2	QL(1 ea daily)
PRENATAL VITAMIN TABS	2	QL(1 ea daily)
PRENATAL VITAMIN/IRON TABS	2	QL(1 ea daily)

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

Drug Name	Drug Tier	Requirements/ Limits
<i>methocarbamol tabs or 500 mg, 750 mg</i>	1B	
<i>orphenadrine citrate tb12 or 100 mg</i>	1B	QL(2 ea daily)
ROBAXIN-750 TABS (<i>Use methocarbamol</i>)	NF	
SKELAXIN TABS (<i>Use metaxalone</i>)	NF	QL(4 ea daily)
SOMA TABS (<i>Use carisoprodol</i>)	NF	
<i>tizanidine hcl caps</i>	1B	
<i>tizanidine hcl tabs</i>	1B	
ZANAFLEX CAPS (<i>Use tizanidine hcl</i>)	NF	
ZANAFLEX TABS (<i>Use tizanidine hcl</i>)	NF	
Direct Muscle Relaxants		
DANTRIUM CAPS (<i>Use dantrolene sodium</i>)	NF	QL(4 ea daily)
<i>dantrolene sodium caps or 100 mg, 25 mg, 50 mg</i>	1B	QL(4 ea daily)
NASAL AGENTS - SYSTEMIC AND TOPICAL - Drugs to treat the Nose or Sinus		
Nasal Antiallergy		
<i>azelastine hcl soln</i>	1B	
<i>olopatadine hcl (nasal) soln</i>	1B	
PATANASE SOLN (<i>Use olopatadine hcl (nasal)</i>)	NF	
Nasal Anticholinergics		
<i>ipratropium bromide (nasal) soln 0.03 %</i>	1B	QL(1 ml daily)
<i>ipratropium bromide (nasal) soln 0.06 %</i>	1B	
Nasal Steroids		
<i>budesonide (nasal) susp</i>	1B	
FLONASE ALLERGY RELIEF CHILDRENS SUSP (<i>Use fluticasone propionate (nasal)</i>)	NF	Limit 2 inhalers per month;QL(32 ml per 30 days retail); RX/OTC

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

Drug Name	Drug Tier	Requirements/ Limits
CLINIMIX 4.25%/DEXTROSE 5% SOLN	3	
CLINIMIX E 5%/DEXTROSE 20% SOLN	3	
OPHTHALMIC AGENTS - Drugs to Treat the Eye		
Artificial Tears and Lubricants		
LACRISERT INST	3	
Beta-blockers - Ophthalmic		
<i>betaxolol hcl (ophth) soln</i>	1B	
<i>brimonidine tartrate-timolol maleate soln</i>	1B	
<i>carteolol hcl (ophth) soln</i>	1B	
COMBIGAN SOLN (<i>Use brimonidine tartrate-timolol maleate</i>)	2	
COSOPT SOLN (<i>Use dorzolamide hcl-timolol maleate</i>)	NF	
<i>dorzolamide hcl-timolol maleate soln 0.5 %-2 %, 22.3 mg/ml-6.8 mg/ml, 5 mg/ml-20 mg/ml, 6.8 mg/ml-22.3 mg/ml</i>	1B	
<i>levobunolol hcl soln</i>	1B	
<i>timolol maleate (ophth) solg 0.25 %, 0.5 %</i>	1B	
<i>timolol maleate (ophth) soln 0.25 %, 0.5 %</i>	1B	
TIMOPTIC SOLN (<i>Use timolol maleate (ophth)</i>)	NF	
TIMOPTIC-XE SOLG (<i>Use timolol maleate (ophth)</i>)	NF	
Cycloplegic Mydriatics		
MYDRIACYL SOLN (<i>Use tropicamide</i>)	NF	
<i>tropicamide soln</i>	1B	
Miotics		

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

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

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

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

Drug Name	Drug Tier	Requirements/ Limits
NEVANAC SUSP	3	ST; QL(0.2 ml daily)
<i>olopatadine hcl soln</i>	1B	RX/OTC
PATADAY SOLN (<i>Use olopatadine hcl</i>)	NF	RX/OTC
TRUSOPT SOLN (<i>Use dorzolamide hcl</i>)	NF	
ZADITOR SOLN (<i>Use ketotifen fumarate (ophth)</i>)	NF	
ZERVIAE SOLN	3	PA
Prostaglandins - Ophthalmic		
<i>bimatoprost soln</i>	3	
<i>latanoprost soln</i>	1B	
TRAVATAN Z SOLN (<i>Use travoprost</i>)	NF	
<i>travoprost soln</i>	1B	
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>	1B	
Otic Anti-infectives		
CETRAXAL SOLN (<i>Use ciprofloxacin hcl (otic)</i>)	NF	
<i>ciprofloxacin hcl (otic) soln</i>	1B	
<i>ofloxacin (otic) soln</i>	1B	
Otic Combinations		
CIPRO HC SUSP	3	
CIPRODEX SUSP (<i>Use ciprofloxacin-dexamethasone</i>)	NF	PA
<i>ciprofloxacin-dexamethasone susp</i>	1B	PA

Drug Name	Drug Tier	Requirements/ Limits
<i>ciprofloxacin-fluocinolone acetonide soln</i>	1B	PA; QL(0.5 ea daily)
COLY-MYCIN S SUSP	3	
CORTISPORIN-TC SUSP	3	
<i>neomycin-polymyxin-hc (otic) soln</i>	1B	
<i>neomycin-polymyxin-hc (otic) susp</i>	1B	
OTOVEL SOLN (<i>Use ciprofloxacin-fluocinolone acetonide</i>)	NF	PA; QL(0.5 ea daily)
Otic Steroids		
DERMOTIC OIL (<i>Use fluocinolone acetonide (otic)</i>)	NF	
<i>fluocinolone acetonide (otic) oil</i>	1B	
<i>hydrocortisone w/acetic acid soln</i>	1B	
PASSIVE IMMUNIZING AND TREATMENT AGENTS - Antibody Drugs to Treat Low Immune System		
Immune Serums		
CUVITRU SOLN 1 GM/5ML, 10 GM/50ML, 2 GM/10ML, 4 GM/20ML	4	PA; SP
GAMMAGARD LIQUID SOLN 1 GM/10ML, 10 GM/100ML, 2.5 GM/25ML, 20 GM/200ML, 5 GM/50ML	4	PA; SP
GAMMAGARD LIQUID SOLN 30 GM/300ML	4	PA
GAMMAGARD S/D IGA LESS THAN 1MCG/ML SOLR	4	PA; SP
GAMMAKED SOLN	4	PA; SP
GAMUNEX-C SOLN	4	PA; SP
HIZENTRA SOLN 1 GM/5ML, 10 GM/50ML, 2 GM/10ML, 4 GM/20ML	4	PA; SP
Passive Immunizing Agents - Combinations		

Drug Name	Drug Tier	Requirements/ Limits
HYQVIA KIT	4	PA
PENICILLINS - Drugs to Treat Bacterial Infections		
Aminopenicillins		
<i>amoxicillin caps 250 mg, 500 mg</i>	1A	
<i>amoxicillin chew 125 mg, 250 mg</i>	1B	
<i>amoxicillin susr 125 mg/5ml</i>	1A	
<i>amoxicillin susr 250 mg/5ml, 200 mg/5ml, 400 mg/5ml</i>	1B	
<i>amoxicillin tabs 500 mg, 875 mg</i>	1B	
<i>ampicillin caps</i>	1B	
<i>ampicillin sodium solr ij 1 gm</i>	1B	
<i>ampicillin sodium solr iv 10 gm</i>	1B	
Natural Penicillins		
PENICILLIN G POTASSIUM IN ISO-OSMOTIC DEXTROSE SOLN 40000 UNIT/ML, 60000 UNIT/ML	1B	
<i>penicillin g potassium solr 5000000 unit</i>	1B	
PENICILLIN G PROCAINE SUSP	3	
<i>penicillin g sodium solr</i>	3	
<i>penicillin v potassium solr</i>	1B	
<i>penicillin v potassium tabs</i>	1B	
Penicillin Combinations		
<i>amoxicillin & pot clavulanate chew</i>	1B	
<i>amoxicillin & pot clavulanate susr</i>	1B	
<i>amoxicillin & pot clavulanate tabs</i>	1B	

Drug Name	Drug Tier	Requirements/ Limits
<i>amoxicillin & pot clavulanate tb12</i>	1B	
<i>ampicillin & sulbactam sodium solr ij 0.5 gm-1 gm, 1 gm-0.5 gm, 1 gm-2 gm, 2 gm-1 gm</i>	1B	
<i>ampicillin & sulbactam sodium solr iv 10 gm-5 gm, 5 gm-10 gm</i>	1B	
AUGMENTIN ES-600 SUSR (Use <i>amoxicillin & pot clavulanate</i>)	NF	
AUGMENTIN SUSR 62.5 MG/5ML-250 MG/5ML (Use <i>amoxicillin & pot clavulanate</i>)	NF	
AUGMENTIN TABS 125 MG-500 MG (Use <i>amoxicillin & pot clavulanate</i>)	NF	
<i>piperacillin sodium-tazobactam sodium solr</i>	1B	
UNASYN BULK PACK SOLR (Use <i>ampicillin & sulbactam sodium</i>)	NF	
UNASYN SOLR (Use <i>ampicillin & sulbactam sodium</i>)	NF	
Penicillinase-Resistant Penicillins		
<i>dicloxacillin sodium caps</i>	1B	
<i>nafcillin sodium solr ij 1 gm</i>	1B	
<i>nafcillin sodium solr iv 10 gm</i>	1B	
<i>oxacillin sodium solr ij 1 gm</i>	1B	
<i>oxacillin sodium solr iv 10 gm</i>	1B	
PROGESTINS - Hormone Replacement/Modifying Drugs		
Progestins		
AYGESTIN TABS (Use <i>norethindrone acetate</i>)	NF	
<i>medroxyprogesterone acetate tabs 10 mg</i>	1A	

Drug Name	Drug Tier	Requirements/ Limits
<i>medroxyprogesterone acetate tabs 5 mg, 2.5 mg</i>	1B	
MEGACE ES SUSP (Use <i>megestrol acetate (appetite)</i>)	NF	PA
<i>megestrol acetate (appetite) susp</i>	1B	PA
<i>norethindrone acetate tabs</i>	0	
<i>progesterone caps or 100 mg, 200 mg</i>	1B	
PROMETRIUM CAPS (Use <i>progesterone</i>)	NF	
PROVERA TABS (Use <i>medroxyprogesterone acetate</i>)	NF	
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. - Drugs to Treat Mental and Emotional Conditions		
Agents for Chemical Dependency		
<i>acamprosate calcium tbec</i>	1B	
ANTABUSE TABS (Use <i>disulfiram</i>)	NF	
<i>disulfiram tabs</i>	1B	
LUCEMYRA TABS	3	PA; QL(224 ea per 14 days retail)
Antidementia Agents		
ARICEPT TABS 10 MG (Use <i>donepezil hydrochloride</i>)	NF	QL(2 ea daily)
ARICEPT TABS 5 MG (Use <i>donepezil hydrochloride</i>)	NF	QL(1 ea daily)
<i>donepezil hydrochloride tabs 10 mg</i>	1B	QL(2 ea daily)
<i>donepezil hydrochloride tabs 5 mg</i>	1B	QL(1 ea daily)
<i>donepezil hydrochloride tbdp 10 mg</i>	1B	QL(2 ea daily)
<i>donepezil hydrochloride tbdp 5 mg</i>	1B	QL(1 ea daily)
<i>galantamine hydrobromide cp24 16 mg, 24 mg, 8 mg</i>	1B	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
<i>galantamine hydrobromide soln 4 mg/ml</i>	1B	QL(6 ml daily)
<i>galantamine hydrobromide tabs 12 mg, 4 mg, 8 mg</i>	1B	QL(2 ea daily)
<i>memantine hcl tabs</i>	1B	
<i>memantine hcl tabs 10 mg</i>	1B	QL(2 ea daily)
<i>memantine hcl tabs 5 mg</i>	1B	QL(1 ea daily)
NAMENDA TABS 10 MG (Use <i>memantine hcl</i>)	NF	QL(2 ea daily)
NAMENDA TABS 5 MG (Use <i>memantine hcl</i>)	NF	QL(1 ea daily)
NAMENDA TITRATION PAK TABS (Use <i>memantine hcl</i>)	NF	
RAZADYNE ER CP24 (Use <i>galantamine hydrobromide</i>)	NF	QL(1 ea daily)
RAZADYNE TABS (Use <i>galantamine hydrobromide</i>)	NF	QL(2 ea daily)
<i>rivastigmine tartrate caps</i>	1B	
Combination Psychotherapeutics		
<i>chlordiazepoxide-amitriptyline tabs 5 mg-12.5 mg</i>	1B	PA
<i>perphenazine-amitriptyline tabs</i>	1B	QL(4 ea daily)
Fibromyalgia Agents		
SAVELLA TABS	2	PA; QL(2 ea daily)
SAVELLA TITRATION PACK MISC	2	PA
Movement Disorder Drug Therapy		
AUSTEDO TABS	4	PA; QL(4 ea daily)
<i>tetrabenazine tabs</i>	4	PA; QL(3 ea daily); SP
XENAZINE TABS (Use <i>tetrabenazine</i>)	NF	PA; QL(3 ea daily); SP
Multiple Sclerosis Agents		
AMPYRA TB12 (Use <i>dalfampridine</i>)	NF	PA; QL(2 ea daily); SP

Drug Name	Drug Tier	Requirements/ Limits
AUBAGIO TABS	4	PA
AVONEX PEN AJKT	4	PA; QL(0.0714 ml daily); SP
AVONEX PSKT	4	PA; QL(0.0714 ml daily); SP
BETASERON KIT	4	PA; QL(0.0357 ea daily); SP
COPAXONE SOSY 20 MG/ML	3	PA; QL(1 ml daily)
COPAXONE SOSY 40 MG/ML	3	PA; QL(0.43 ml daily)
<i>dalfampridine tb12</i>	4	PA; QL(2 ea daily); SP
<i>dimethyl fumarate cpdr</i>	4	PA
<i>dimethyl fumarate misc</i>	4	PA
EXTAVIA KIT	4	PA; QL(0.0357 ea daily); SP
GILENYA CAPS	4	PA
<i>glatiramer acetate sosy 20 mg/ml</i>	3	PA; QL(1 ml daily)
<i>glatiramer acetate sosy 40 mg/ml</i>	3	PA; QL(0.43 ml daily)
MAVENCLAD TBPK	4	PA
OCREVUS SOLN	4	PA
PLEGRIDY SOPN	4	PA; QL(0.036 ml daily)
PLEGRIDY SOSY	4	PA; QL(0.036 ml daily)
PLEGRIDY STARTER PACK SOPN	4	PA; QL(0.036 ml daily)
PLEGRIDY STARTER PACK SOSY	4	PA; QL(0.036 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

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

Drug Name	Drug Tier	Requirements/ Limits
NICORETTE GUM (<i>Use nicotine polacrilex</i>)	NF	
NICORETTE LOZG (<i>Use nicotine polacrilex</i>)	NF	
NICORETTE MINI LOZG (<i>Use nicotine polacrilex</i>)	NF	
NICORETTE STARTER KIT GUM (<i>Use nicotine polacrilex</i>)	NF	
<i>nicotine polacrilex gum</i>	0	
<i>nicotine polacrilex lozg</i>	0	
<i>nicotine pt24</i>	0	QL(1 ea daily)
NICOTINE TRANSDERMAL SYSTEM KIT	0	
NICOTROL INHALER INHA	0	
NICOTROL NS SOLN	0	
<i>varenicline tartrate tabs</i>	0	QL(2 ea daily)
Transthyretin Amyloidosis Agents		
TEGSEDI SOSY	4	PA
RESPIRATORY AGENTS - MISC. - Drugs to Treat Lung Conditions		
Alpha-Proteinase Inhibitor (Human)		
ARALAST NP SOLR 1000 MG	4	PA; SP
ARALAST NP SOLR 500 MG	4	PA
PROLASTIN-C SOLN 1000 MG/20ML	4	PA;
PROLASTIN-C SOLR 1000 MG	4	PA; SP
ZEMAIRA SOLR	4	PA; SP
Cystic Fibrosis Agents		
KALYDECO TABS 150 MG	4	PA; QL(2 ea daily); SP
ORKAMBI PACK 100 MG-125 MG, 150 MG-188 MG	4	PA; QL(2 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
ORKAMBI TABS 100 MG-125 MG, 125 MG-200 MG	4	PA; QL(4 ea daily)
PULMOZYME SOLN	4	PA; QL(2.5 ml daily); SP
TRIKAFTA TBPK 50 MG-100 MG	4	PA; QL(3 ea daily)
Pulmonary Fibrosis Agents		
OFEV CAPS	4	PA; QL(2 ea daily)
SULFONAMIDES - Drugs to Treat Bacterial Infections		
Sulfonamides		
<i>sulfadiazine tabs</i>	1B	
TETRACYCLINES - Drugs to Treat Bacterial Infections		
Glycylcyclines		
<i>tigecycline solr</i>	1B	
TYGACIL SOLR (<i>Use tigecycline</i>)	NF	
Tetracyclines		
<i>demeclocycline hcl tabs</i>	1B	
<i>doxycycline (monohydrate) caps 50 mg, 100 mg</i>	1B	QL(2 ea daily)
<i>doxycycline (monohydrate) caps 75 mg</i>	1B	
<i>doxycycline (monohydrate) tabs 100 mg</i>	1B	QL(2 ea daily)
<i>doxycycline (monohydrate) tabs 50 mg</i>	1B	
<i>doxycycline hyclate caps or 50 mg, 100 mg</i>	1B	QL(2 ea daily)
<i>doxycycline hyclate solr iv 100 mg</i>	1B	
<i>doxycycline hyclate tabs or 20 mg, 100 mg</i>	1B	QL(2 ea daily)
MINOCIN CAPS OR 50 MG (<i>Use minocycline hcl</i>)	NF	QL(3 ea daily)
<i>minocycline hcl caps 100 mg, 50 mg, 75 mg</i>	1B	QL(3 ea daily)
<i>minocycline hcl tabs 100 mg, 50 mg, 75 mg</i>	1B	QL(3 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
TARGADOX TABS (<i>Use doxycycline hyclate</i>)	NF	
<i>tetracycline hcl caps</i>	1B	QL(8 ea daily)
VIBRAMYCIN CAPS 100 MG (<i>Use doxycycline hyclate</i>)	NF	QL(2 ea daily)
XIMINO CP24 135 MG, 45 MG, 90 MG (<i>Use minocycline hcl</i>)	NF	
THYROID AGENTS - Drugs to Regulate Thyroid Hormones		
Antithyroid Agents		
<i>methimazole tabs</i>	1B	
<i>propylthiouracil tabs</i>	1B	
TAPAZOLE TABS (<i>Use methimazole</i>)	NF	
Thyroid Hormones		
ARMOUR THYROID TABS 120 MG, 15 MG, 30 MG, 60 MG, 90 MG (<i>Use thyroid</i>)	2	QL(1 ea daily)
ARMOUR THYROID TABS 180 MG, 240 MG, 300 MG	2	QL(1 ea daily)
CYTOMEL TABS (<i>Use liothyronine sodium</i>)	NF	
<i>levothyroxine sodium tabs or 300 mcg, 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg</i>	1B	
<i>liothyronine sodium soln</i>	1B	
<i>liothyronine sodium tabs</i>	1B	
NATURE-THROID NT-2.5 TABS	2	
NATURE-THROID TABS	2	
SYNTHROID TABS (<i>Use levothyroxine sodium</i>)	2	
<i>thyroid tabs</i>	1B	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
TRIOSTAT SOLN (<i>Use liothyronine sodium</i>)	NF	
WESTHROID TABS	2	
WP THYROID TABS	2	
TOXOIDS		
Toxoid Combinations		
ADACEL SUSP	0	
BOOSTRIX SUSP	0	
ULCER DRUGS - Drugs to Treat Bowel, Intestine and Stomach Conditions		
Antispasmodics		
<i>atropine sulfate soln ij 0.4 mg/ml, 1 mg/ml</i>	1B	
<i>atropine sulfate sosy ij 0.25 mg/5ml</i>	1B	
ATROPINE SULFATE SOSY IJ 0.25 MG/5ML (<i>Use atropine sulfate</i>)	NF	
<i>chlorthiazepoxide hcl-clidinium bromide caps</i>	1B	
<i>dicyclomine hcl caps or 10 mg</i>	1B	
<i>dicyclomine hcl soln or 10 mg/5ml</i>	1B	
<i>dicyclomine hcl tabs or 20 mg</i>	1B	
<i>glycopyrrolate soln ij 4 mg/20ml</i>	1B	
<i>glycopyrrolate tabs or 1 mg, 2 mg</i>	1B	
LIBRAX CAPS (<i>Use chlorthiazepoxide hcl-clidinium bromide</i>)	NF	
<i>methscopolamine bromide tabs</i>	1B	
ROBINUL FORTE TABS (<i>Use glycopyrrolate</i>)	NF	
ROBINUL TABS (<i>Use glycopyrrolate</i>)	NF	
H-2 Antagonists		

Drug Name	Drug Tier	Requirements/ Limits
<i>cimetidine hcl soln 300 mg/5ml</i>	1B	QL(20 ml daily)
<i>cimetidine tabs 200 mg</i>	1B	RX/OTC
<i>cimetidine tabs 300 mg, 400 mg, 800 mg</i>	1B	
<i>famotidine in nacl soln</i>	1B	
<i>famotidine soln iv 20 mg/2ml</i>	1A	
<i>famotidine soln iv 200 mg/20ml, 40 mg/4ml</i>	1B	
<i>famotidine susr or 40 mg/5ml</i>	1B	QL(10 ml daily)
<i>famotidine tabs or 20 mg</i>	1B	RX/OTC
<i>famotidine tabs or 40 mg</i>	1B	
<i>nizatidine caps 150 mg, 300 mg</i>	1B	
<i>nizatidine soln 15 mg/ml</i>	1B	QL(20 ml daily)
PEPCID AC MAXIMUM STRENGTH TABS (<i>Use famotidine</i>)	NF	RX/OTC
PEPCID AC TABS 20 MG (<i>Use famotidine</i>)	NF	RX/OTC
PEPCID TABS 20 MG (<i>Use famotidine</i>)	NF	RX/OTC
PEPCID TABS 40 MG (<i>Use famotidine</i>)	NF	
<i>ranitidine hcl caps or 150 mg, 300 mg</i>	1B	
<i>ranitidine hcl soln ij 150 mg/6ml</i>	1B	
<i>ranitidine hcl syrp or 15 mg/ml, 150 mg/10ml, 75 mg/5ml</i>	1B	QL(40 ml daily)
<i>ranitidine hcl tabs or 150 mg</i>	1B	RX/OTC
<i>ranitidine hcl tabs or 300 mg</i>	1B	
TAGAMET HB TABS (<i>Use cimetidine</i>)	NF	RX/OTC
ZANTAC 150 MAXIMUM STRENGTH TABS (<i>Use ranitidine hcl</i>)	NF	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
Misc. Anti-Ulcer		
CARAFATE SUSP 1 GM/10ML (<i>Use sucralfate</i>)	NF	QL(40 ml daily)
CARAFATE TABS 1 GM (<i>Use sucralfate</i>)	NF	QL(4 ea daily)
<i>sucralfate susp 1 gm/10ml</i>	1B	QL(40 ml daily)
<i>sucralfate tabs 1 gm</i>	1B	QL(4 ea daily)
Proton Pump Inhibitors		
ACIPHEX TBEC (<i>Use rabeprazole sodium</i>)	NF	QL(1 ea daily)
<i>esomeprazole magnesium cpdr 20 mg</i>	1B	QL(2 ea daily); RX/OTC
<i>esomeprazole magnesium cpdr 40 mg</i>	3	QL(1 ea daily)
<i>esomeprazole magnesium tbec 20 mg</i>	1B	QL(2 ea daily)
<i>lansoprazole cpdr 15 mg</i>	1B	QL(2 ea daily); RX/OTC
<i>lansoprazole cpdr 30 mg</i>	1B	
NEXIUM 24HR TBEC (<i>Use esomeprazole magnesium</i>)	1B	QL(2 ea daily)
NEXIUM CPDR 20 MG (<i>Use esomeprazole magnesium</i>)	NF	QL(2 ea daily); RX/OTC
NEXIUM CPDR 40 MG (<i>Use esomeprazole magnesium</i>)	NF	QL(1 ea daily)
<i>omeprazole cpdr 10 mg, 40 mg</i>	1B	QL(2 ea daily)
<i>omeprazole cpdr 20 mg</i>	1B	QL(2 ea daily); RX/OTC
<i>omeprazole magnesium cpdr 20 mg, 20.6 mg</i>	1B	QL(4 ea daily)
<i>omeprazole tbec 20 mg</i>	1B	QL(2 ea daily)
<i>pantoprazole sodium tbec or 20 mg</i>	1B	QL(1 ea daily)
<i>pantoprazole sodium tbec or 40 mg</i>	1B	
PREVACID 24HR CPDR (<i>Use lansoprazole</i>)	NF	QL(2 ea daily); RX/OTC
PREVACID CPDR 15 MG (<i>Use lansoprazole</i>)	NF	QL(2 ea daily); RX/OTC

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

Drug Name	Drug Tier	Requirements/ Limits
tolterodine tartrate cp24 2 mg, 4 mg	1B	QL(1 ea daily)
tolterodine tartrate tabs 1 mg, 2 mg	1B	
TOVIAZ TB24	3	PA; QL(1 ea daily)
tropium chloride cp24 60 mg	1B	QL(1 ea daily)
tropium chloride tabs 20 mg	1B	
VESICARE TABS (Use solifenacin succinate)	NF	PA; QL(1 ea daily)
Urinary Antispasmodics - Cholinergic Agonists		
bethanechol chloride tabs 10 mg, 5 mg, 50 mg	1B	QL(4 ea daily)
bethanechol chloride tabs 25 mg	1B	
URECHOLINE TABS 25 MG (Use bethanechol chloride)	NF	
URECHOLINE TABS 50 MG (Use bethanechol chloride)	NF	QL(4 ea daily)
Urinary Antispasmodics - Direct Muscle Relaxants		
flavoxate hcl tabs	1B	
VACCINES		
Bacterial Vaccines		
MENQUADFI SOLN	0	
MENVEO SOLR	0	
PNEUMOVAX 23 INJ	0	
PNEUMOVAX 23/1 DOSE INJ	0	
PREVNAR 13 SUSP	0	
PREVNAR 20 SUSY	0	1 rtl MAX fill,999 rtl day(s) supply,
VAXNEUVANCE SUSY	0	1 rtl MAX fill,999 rtl day(s) supply,
Viral Vaccines		

Drug Name	Drug Tier	Requirements/ Limits
AFLURIA QUADRIVALENT 2019-2020 SUSP	0	Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply,
AFLURIA QUADRIVALENT 2019-2020 SUSY	0	Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply,
AFLURIA QUADRIVALENT 2020-2021 SUSP	0	Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply,
AFLURIA QUADRIVALENT 2020-2021 SUSY	0	Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply,
AFLURIA QUADRIVALENT 2021-2022 SUSP	0	Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply,
AFLURIA QUADRIVALENT 2021-2022 SUSY	0	Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply,
ENGERIX-B INJ	0	3 rtl MAX fill,365 rtl day(s) supply,3 mail MAX fill,365 mail day(s) supply,
ENGERIX-B SUSP	0	3 rtl MAX fill,365 rtl day(s) supply,3 mail MAX fill,365 mail day(s) supply,
FLUAD 2019-2020 SUSY	0	Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply,
FLUAD 2020-2021 SUSY	0	Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply,
FLUAD QUADRIVALENT 2021-2022 PRSY	0	1 rtl MAX fill,180 rtl day(s) supply,

Drug Name	Drug Tier	Requirements/ Limits
FLUAD QUADRIVALENT INFLUENZA VACCINE FOR ADULTS PRSY	0	1 rtl MAX fill,180 rtl day(s) supply,
FLUARIX QUADRIVALENT 2019-2020 SUSY	0	Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply,
FLUARIX QUADRIVALENT 2020-2021 SUSY	0	Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply,
FLUARIX QUADRIVALENT 2021-2022 SUSY	0	Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply,
FLUBLOK QUADRIVALENT 2019-2020 SOSY	0	Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply,
FLUBLOK QUADRIVALENT 2020-2021 SOSY	0	Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply,
FLUBLOK QUADRIVALENT 2021-2022 SOSY	0	Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply,
FLUCELVAX QUADRIVALENT 2019-2020 SUSP	0	Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply,
FLUCELVAX QUADRIVALENT 2019-2020 SUSY	0	Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply,
FLUCELVAX QUADRIVALENT 2020-2021 SUSP	0	Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply,
FLUCELVAX QUADRIVALENT 2020-2021 SUSY	0	Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply,
FLUCELVAX QUADRIVALENT 2021-2022 SUSP	0	Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply,

Drug Name	Drug Tier	Requirements/ Limits
FLUCELVAX QUADRIVALENT 2021-2022 SUSY	0	Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply,
FLULAVAL QUADRIVALENT 2019-2020 SUSP	0	Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply,
FLULAVAL QUADRIVALENT 2019-2020 SUSY	0	Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply,
FLULAVAL QUADRIVALENT 2020-2021 SUSY	0	Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply,
FLULAVAL QUADRIVALENT 2021-2022 SUSY	0	Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply,
FLUMIST QUADRIVALENT SUSP	0	Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply,
FLUZONE HIGH-DOSE PF 2019-2020 SUSY	0	Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply,
FLUZONE HIGH-DOSE PF 2020-2021 SUSY	0	1 rtl MAX fill,180 rtl day(s) supply,
FLUZONE HIGH-DOSE PF 2021-2022 SUSY	0	1 rtl MAX fill,180 rtl day(s) supply,
FLUZONE QUADRIVALENT 2019-2020 SUSP	0	Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply,
FLUZONE QUADRIVALENT 2019-2020 SUSY	0	Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply,
FLUZONE QUADRIVALENT 2020-2021 SUSP	0	Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply,

Drug Name	Drug Tier	Requirements/ Limits
FLUZONE QUADRIVALENT 2020-2021 SUSY	0	Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply,
FLUZONE QUADRIVALENT 2021-2022 SUSP	0	Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply,
FLUZONE QUADRIVALENT 2021-2022 SUSY	0	Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply,
GARDASIL 9 SUSP	0	3 rtl MAX fill,365 rtl day(s) supply,
GARDASIL 9 SUSY	0	3 rtl MAX fill,365 rtl day(s) supply,
HAVRIX SUSP	0	1 rtl MAX fill,365 rtl day(s) supply,
HEPLISAV-B SOSY	0	1 rtl MAX fill,365 rtl day(s) supply,
IPOL INACTIVATED IPV INJ	0	1 rtl MAX fill,365 rtl day(s) supply,
M-M-R II SOLR	0	1 rtl MAX fill,365 rtl day(s) supply,
RECOMBIVAX HB SUSP	0	1 rtl MAX fill,365 rtl day(s) supply,
ROTARIX SUSR	0	1 rtl MAX fill,365 rtl day(s) supply,
ROTATEQ SOLN	0	1 rtl MAX fill,365 rtl day(s) supply,
SHINGRIX SUSR	0	2 rtl MAX fill,999 rtl day(s) supply,; AL(At least 18 yrs old)
TWINRIX SUSY	0	3 rtl MAX fill,365 rtl day(s) supply,

Drug Name	Drug Tier	Requirements/ Limits
VAQTA SUSP	0	1 rtl MAX fill,365 rtl day(s) supply,
VARIVAX INJ	0	2 rtl MAX fill,365 rtl day(s) supply,
ZOSTAVAX SUSR	0	1 rtl pack lmt amt,999 rtl pack lmt day(s),; AL(At least 50 yrs old)

VAGINAL AND RELATED PRODUCTS

Miscellaneous Vaginal Products

INTRAROSA INST	3	PA
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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	1B	
clotrimazole vaginal crea 1 %	1B	
GYNAZOLE-1 CREA	3	
GYNE-LOTRIMIN CREA (Use clotrimazole vaginal)	NF	
metronidazole vaginal gel	1B	
miconazole nitrate vaginal supp 200 mg	1B	
terconazole vaginal crea	1B	
terconazole vaginal supp	1B	

Vaginal Contraceptive - pH Modulators

PHEXXI GEL	0	PV
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Vaginal Estrogens

Drug Name	Drug Tier	Requirements/ Limits
ESTRACE CREA (Use estradiol vaginal)	NF	
estradiol vaginal crea	1B	
estradiol vaginal tabs	1B	
FEMRING RING	3	PA
PREMARIN CREA	2	
VAGIFEM TABS (Use estradiol vaginal)	NF	

VASOPRESSORS - Drugs to Treat Heart and Circulation Conditions

Anaphylaxis Therapy Agents

ADRENALIN SOLN IJ 30 MG/30ML (Use epinephrine (anaphylaxis))	NF	
epinephrine (anaphylaxis) soaj 0.15 mg/0.3ml	1B	QL(2 ea per fill retail,2 ea per fill mail)2 rtl MAX fill,365 rtl day(s) supply,2 mail MAX fill,365 mail day(s) supply,
epinephrine (anaphylaxis) soaj 0.3 mg/0.3ml	2	QL(2 ea per fill retail)2 rtl MAX fill,365 rtl day(s) supply,
epinephrine (anaphylaxis) soaj 0.3 mg/0.3ml	2	QL(2 ea per fill retail,2 ea per fill mail)2 rtl MAX fill,365 rtl day(s) supply,2 mail MAX fill,365 mail day(s) supply,
EPIPEN 2-PAK SOAJ (Use epinephrine (anaphylaxis))	NF	
EPIPEN-JR 2-PAK SOAJ (Use epinephrine (anaphylaxis))	2	QL(2 ea per fill retail,2 ea per fill mail)2 rtl MAX fill,365 rtl day(s) supply,2 mail MAX fill,365 mail day(s) supply,

Drug Name	Drug Tier	Requirements/ Limits
Vasopressors		
<i>midodrine hcl tabs</i>	1B	
VITAMINS		
Oil Soluble Vitamins		
<i>cholecalciferol caps 400 unit, 1.25 mg, 50000 unit, 2000 unit, 50 mcg</i>	1A	
<i>cholecalciferol tabs 400 unit</i>	0	
DRISDOL CAPS (Use <i>ergocalciferol</i>)	0	
<i>ergocalciferol caps or 1.25 mg, 50000 unit</i>	0	
<i>ergocalciferol soln or 200 mcg/ml, 8000 unit/ml</i>	1B	
VITAMIN D2 TABS 400 UNIT	0	AL (At least 65 yrs old)
Water Soluble Vitamins		
<i>niacin cpcr or 250 mg, 500 mg</i>	1A	
<i>niacin tabs or 250 mg, 50 mg, 100 mg, 500 mg</i>	1A	
<i>niacin tbcrr or 750 mg, 250 mg, 500 mg</i>	1A	
NIACIN TR TBCR	1B	
<i>niacinamide tabs or 100 mg</i>	1B	
<i>niacinamide tabs or 500 mg</i>	1A	
SLO-NIACIN TBCR (Use <i>niacin</i>)	NF	

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B-D INSULIN SYRINGE ULTRAFINE II/0.3ML/31G X 5/16"	91
B-D INSULIN SYRINGE ULTRAFINE II/0.5ML/31G X 5/16"	91
B-D INSULIN SYRINGE ULTRAFINE II/1ML/31G X 5/16"	91
B-D INSULIN SYRINGE ULTRAFINE/0.3ML/30G X 1/2"	91
B-D INSULIN SYRINGE ULTRAFINE/0.5ML/30G X 1/2"	91
bacitracin	10
bacitracin (ophthalmic)	120
baclofen	118
BACTRIM	11
BACTRIM DS	11
BALCOLTRA	53
balsalazide disodium	70
BALVERSA	39
BANZEL	17
BARACLUDE	48
BASAGLAR KWIKPEN	24
BAVENCIO	36
BAXDELA	70
BD LO-DOSE INSULIN SYRINGE MICROFINE IV/0.5ML/28G X 1/2"	91
BD AUTOSHIELD 29G X 3/16"	91
BD AUTOSHIELD 29G X 5/16"	91
BD AUTOSHIELD DUO 30G X 5MM	91
BD INSULIN SYRINGE LUER-LOK/U-100/1ML	91

BD INSULIN SYRINGE MICROFINE IV/U-100/0.5ML/28G X 1/2"	91
BD INSULIN SYRINGE MICROFINE IV/U-100/1ML/27G X 5/8"	91
BD INSULIN SYRINGE MICROFINE IV/U-100/1ML/28G X 1/2"	91
BD INSULIN SYRINGE MICROFINE/U-100/1ML/27G X 5/8"	91
BD INSULIN SYRINGE MICROFINE/U-100/1ML/28G X 1/2"	91
BD INSULIN SYRINGE SAFETYGLIDE/1ML/29G X 1/2"	91
BD INSULIN SYRINGE SLIP TIP/U-100/1ML	91
BD INSULIN SYRINGE ULTRAFINE/0.3ML/30G X 12.7MM	91
BD INSULIN SYRINGE ULTRAFINE/0.3ML/31G X 8MM	91
BD INSULIN SYRINGE ULTRAFINE/0.5ML/30G X 12.7MM	91
BD INSULIN SYRINGE ULTRAFINE/0.5ML/31G X 8MM	91
BD INSULIN SYRINGE ULTRAFINE/0.5ML/31G X 8MM	91
BD INSULIN SYRINGE ULTRAFINE/1/2 UNIT/0.3ML/31G X 8MM	91
BD INSULIN SYRINGE ULTRAFINE/1ML/30G X 12.7MM	91
BD INSULIN SYRINGE ULTRAFINE/1ML/31G X 8MM	91
BD INSULIN SYRINGE ULTRAFINE HALF-UNIT/0.3ML/31G X 5/16"	91
BD INSULIN SYRINGE ULTRAFINE/0.3ML/30G X 1/2"	91
BD INSULIN SYRINGE ULTRAFINE/0.3ML/31G X 5/16"	91
BD INSULIN SYRINGE ULTRAFINE/0.5ML/30G X 1/2"	91
BD INSULIN SYRINGE ULTRAFINE/0.5ML/31G X 5/16"	92
BD INSULIN SYRINGE ULTRAFINE/1ML/30G X 1/2"	92
BD INSULIN SYRINGE ULTRAFINE/U-100/0.3ML/29G X 1/2"	92
BD INSULIN SYRINGE ULTRAFINE/U-100/0.5ML/29G X 1/2"	92

BD INSULIN SYRINGE ULTRAFINE/U-100/1ML/29G X 1/2".....	92	BD SAFETYGLIDE INSULIN SYRINGE/0.3ML/29G X 1/2".....	92	BETASERON.....	125
BD INSULIN SYRINGE ULTRAFINE/U-100/1ML/31G X 5/16".....	92	BD SAFETYGLIDE INSULIN SYRINGE/0.3ML/31G X 5/16".....	92	betaxolol hcl.....	49
BD INSULIN SYRINGE/0.3ML/29G X 12.7MM.....	92	BD SAFETYGLIDE INSULIN SYRINGE/1ML/31G X 15/64".....	92	betaxolol hcl (ophth).....	119
BD INSULIN SYRINGE/0.5ML/29G X 12.7MM.....	92	BD SAFETYGLIDE INSULIN SYSYRINGE/0.5ML/30G X 5/16".....	92	bethanechol chloride.....	129
BD INSULIN SYRINGE/1ML/27G X 12.7MM.....	92	BD VEO INSULIN SYRINGE ULTRA-FINE/1ML/31G X 6MM.....	92	BEVESPI AEROSPHERE... 15	
BD INSULIN SYRINGE/1ML/29G X 12.7MM.....	92	BD VEO INSULIN SYRINGE ULTRA-FINE/U-100/1ML/31G X 15/64".....	93	BEVYXXA.....	16
BD INSULIN SYRINGE/DETACHABLE NEEDLE/U-100/1ML/25G X 1".....	92	BELEODAQ.....	39	bexarotene.....	41
BD INSULIN SYRINGE/DETACHABLE NEEDLE/U-100/1ML/25G X 5/8".....	92	BELRAPZO.....	34	BEYAZ.....	53
BD INSULIN SYRINGE/DETACHABLE NEEDLE/U-100/1ML/26G X 1/2".....	92	BELSOMRA.....	75	bicalutamide.....	37
BD INSULIN SYRINGE/U- 100/1ML/27G X 1/2".....	92	BENADRYL ALLERGY CHILDRENS.....	28	BICNU.....	35
BD LANCET ULTRAFINE 30G.....	79	benazepril & hydrochlorothiazide.....	31	BIDIL.....	51
BD LANCET ULTRAFINE 33G.....	79	benazepril hcl.....	30	BIKTARVY.....	45
BD MICROTAINER LANCETS.....	79	BENDAMUSTINE HYDROCHLORIDE.....	34	BILTRICIDE.....	10
BD PEN NEEDLE/MICRO/ULTRA- FINE/32G X 6MM.....	92	BENDEKA.....	35	bimatoprost.....	122
BD PEN NEEDLE/MINI/ULTRA- FINE/31G X 5MM.....	92	BENICAR.....	31	bisacodyl.....	75
BD PEN NEEDLE/NANO 2ND GEN/32G X 5/32".....	92	BENICAR HCT.....	31	bisoprolol & hydrochlorothiazide.....	32
BD PEN NEEDLE/NANO/ULTRA- FINE/32G X 4MM.....	92	BENZACLIN.....	56	bisoprolol fumarate.....	49
BD PEN NEEDLE/ORIGINAL/ULTRA- FINE/29G X 12.7MM.....	92	BENZACLIN WITH PUMP.....	56	bleomycin sulfate.....	38
BD PEN NEEDLE/SHORT/ULTRA- FINE/31G X 8MM.....	92	BENZAMYCIN.....	56	BLEPH-10.....	120
BD SAFETY-GLIDE INSULIN SYRINGE/0.5ML/29G X 1/2".....	92	benzonatate.....	55,56	BLINCYTO.....	36
BD SAFETY-LOK INSULIN SYRINGE/PERM NEEDLE/UF/1ML/29G X 1/2".....	92	benzoyl peroxide.....	57	BONIVA.....	66
		BENZOYL PEROXIDE CLEANSER.....	56	BOOSTRIX.....	127
		benzoyl peroxide- erythromycin.....	57	BORTEZOMIB.....	39
		benztropine mesylate.....	42	bosentan.....	51
		bepotastine besilate.....	121	BOSULIF.....	39
		BEPREVE.....	121	BOTOX.....	119
		BESIVANCE.....	120	BRAFTOVI.....	39
		BESPONSA.....	36	BREO ELLIPTA.....	15
		betaine.....	67	BREZTRI AEROSPHERE... 15	
		betamethasone dipropionate (topical).....	61	BRILINTA.....	73
		betamethasone dipropionate augmented.....	61	brimonidine tartrate.....	120
		betamethasone valerate... 61		brimonidine tartrate-timolol maleate.....	119
		BETAPACE.....	50	brinzolamide.....	121
		BETAPACE AF.....	50	BRIVIACT.....	17
				bromfenac sodium (ophth).....	121
				bromocriptine mesylate.....	42
				BROVANA.....	15
				BRUKINSA.....	39
				budesonide.....	54
				budesonide (inhalation).....	14
				budesonide (nasal).....	118
				budesonide-formoterol fumarate dihydrate.....	15
				BULLSEYE MINI SAFETY LANCETS.....	79

BULLSEYE SAFETY		candesartan cilexetil-		CARETOUCH INSULIN	
LANCETS	79	hydrochlorothiazide	32	SYRINGE/1ML/30GX5/16"	93
bumetanide	66	CAPASTAT SULFATE	34	CARETOUCH INSULIN	
BUMEX	66	capecitabine	35	SYRINGE/1ML/31GX5/16"	93
BUPHENYL	68	CAPRELSA	39	CARETOUCH INSULIN	
BUPRENEX	9	captopril	30	SYRINGE0.5ML/30GX5/16"	93
buprenorphine	9	CARAC	59	CARETOUCH LANCING	
buprenorphine hcl	9	CARAFATE	128	DEVICewith EJECTOR	79
buprenorphine hcl-naloxone hcl		CARBAGLU	68	CARETOUCH SAFETY	
dihydrate	9	carbamazepine	17,18	LANCETS/26G	79
bupropion hcl	20,21	CARBATROL	18	CARETOUCH SAFETY	
bupropion hcl (smoking		carbidopa	42	LANCETS/28G	79
deterrent)	125	carbidopa-levodopa	42	CARETOUCH SAFETY	
buspirone hcl	13	carbidopa-levodopa-		LANCETS/30G	79
busulfan	35	entacapone	42	CARETOUCH TWIST LANCETS	
BUSULFEX	35	carbinoxamine maleate	28	28G	79
butalbital-acetaminophen	5	carboplatin	35	CARETOUCH TWIST LANCETS	
butalbital-acetaminophen-		CARDIOCOM LANCING		30G	79
caffeine	5	DEVICE	79	CARETOUCH TWIST LANCETS	
butalbital-acetaminophen-		CARDIZEM	50	33G	79
caffeine w/ codeine	8	CARDIZEM CD	50	CARETOUCH TWIST LANCETS	
butalbital-aspirin-caffeine	5	CARDIZEM LA	50	33G	79
butalbital-aspirin-caffeine		CARDURA	31	carglumic acid	68
w/cod	8	CAREONE ADVANCED		carisoprodol	118
BUTALBITAL/ACETAMINOPHEN		LANCINGDEVICE	79	carmustine	35
	6	CAREONE INSULIN		carteolol hcl (ophth)	119
butenafine hcl	58	SYRINGES/0.3ML/30G X		carvedilol	49
butorphanol tartrate	9	1/2"	93	CASODEX	37
BUTRANS	9	CAREONE INSULIN		caspofungin acetate	27
BYSTOLIC	49	SYRINGES/0.3ML/31G X		CATAPRES	31
cabergoline	69	5/16"	93	CATAPRES-TTS-1	31
CABLIVI	73	CAREONE INSULIN		CATAPRES-TTS-2	31
CADUET	51	SYRINGES/0.5ML/30G X		CATAPRES-TTS-3	31
CAFERGOT	112	1/2"	93	CAYA	76
CALAN SR	50	CAREONE INSULIN		CAYSTON	12
calcipotriene	60	SYRINGES/0.5ML/31G X		cefaclor	52
calcipotriene-betamethasone		5/16"	93	cefadroxil	52
dipropionate	61	CAREONE INSULIN		cefazolin sodium	52
calcitonin (salmon)	66	SYRINGES/1ML/30G X		cefdinir	52
calcitriol	68	1/2"	93	cefditoren pivoxil	52
calcitriol (topical)	60	CAREONE INSULIN		cefepime hcl	53
calcium acetate (phosphate		SYRINGES/1ML/31GX5/16"		cefixime	52
binder)	71		93	CEFOTAN	52
calcium chloride (dihydrate)	113	CAREONE LANCET SUPER		cefotaxime sodium	52
calcium polycarbophil	75	THIN/30G	79	cefotetan disodium	52
CAMPTOSAR	42	CAREONE LANCET THIN	79	cefoxitin sodium	52
CANASA	70	CARESENS LANCETS	79	cefpodoxime proxetil	52
CANCIDAS	27	CARETOUCH INSULIN		cefprozil	52
candesartan cilexetil	31	SYRINGE/0.3ML/31GX5/16"		ceftazidime	52
			93	ceftriaxone sodium	53
		CARETOUCH INSULIN		cefuroxime axetil	52
		SYRINGE/0.5ML/31GX5/16"		cefuroxime sodium	52
			93		

CELEBREX.....	4	cilostazol.....	73	CLEVER CHOICE COMFORT	
celecoxib.....	4	CILOXAN.....	120	EZINSULIN	
CELESTONE SOLUSPAN..	54	CIMDUO.....	45	SYRINGE/0.3ML/30G X	
CELESTONE-SOLUSPAN..	54	cimetidine.....	128	5/16".....	93
CELEXA.....	21	cimetidine hcl.....	128	CLEVER CHOICE COMFORT	
CELLCEPT.....	115	cinacalcet hcl.....	68	EZINSULIN	
CELONTIN.....	20	CINRYZE.....	72	SYRINGE/0.3ML/31G X	
cephalexin.....	52	CIPRO.....	70	5/16".....	93
CERDELGA.....	73	CIPRO HC.....	122	CLEVER CHOICE COMFORT	
CEREBYX.....	20	CIPRODEX.....	122	EZINSULIN	
CEREZYME.....	73	ciprofloxacin hcl.....	70	SYRINGE/0.5ML/28G X 1/2" 93	
cetirizine hcl.....	28	ciprofloxacin hcl (ophth)..	120	CLEVER CHOICE COMFORT	
cetirizine-pseudoephedrine .	56	ciprofloxacin hcl (otic)....	122	EZINSULIN	
CETRAXAL.....	122	ciprofloxacin in d5w.....	70	SYRINGE/0.5ML/30G X 1/2" 93	
CETROTIDE.....	67	ciprofloxacin-dexamethasone	122	CLEVER CHOICE COMFORT	
cevimeline hcl.....	116	ciprofloxacin-fluocinolone	122	EZINSULIN	
CHANTIX.....	125	acetonide.....	122	SYRINGE/0.5ML/30G X	
CHANTIX CONTINUING		cisplatin.....	35	5/16".....	93
MONTHPAK.....	125	citalopram hydrobromide..	21	CLEVER CHOICE COMFORT	
CHANTIX STARTING MONTH		cladribine.....	35	EZINSULIN	
PAK.....	125	CLARINEX.....	28	SYRINGE/0.5ML/31G X	
CHEMET.....	25	clarithromycin.....	76	5/16".....	93
CHEMSTRIP-K.....	65	CLARITIN.....	28	CLEVER CHOICE COMFORT	
CHILDRENS ADVIL.....	4	CLARITIN ALLERGY		EZINSULIN	
CHILDRENS MOTRIN.....	4	CHILDRENS.....	28	SYRINGE/1.0ML/30G X 1/2" 93	
chloramphenicol sodium		CLARITIN CHILDRENS...	28	CLEVER CHOICE COMFORT	
succinate.....	11	CLARITIN REDITABS.....	28	EZINSULIN SYRINGE/1ML/28G	
chlordiazepoxide hcl.....	13	CLARITIN-D 12 HOUR....	56	X 1/2".....	93
chlordiazepoxide hcl-clidinium		CLARITIN-D 24 HOUR....	56	CLEVER CHOICE COMFORT	
bromide.....	127	CLASSIC PRENATAL.....	116	EZINSULIN SYRINGE/1ML/29G	
chlordiazepoxide-amitriptyline		CLEANLET LANCETS		X 1/2".....	93
.....	124	28G.....	79	CLEVER CHOICE COMFORT	
chlorhexidine gluconate (mouth-		CLEMASTINE		EZINSULIN SYRINGE/U-	
throat).....	116	FUMARATE.....	28	100/1ML/31GX5/16".....	93
chloroquine phosphate.....	33	clemastine fumarate.....	28	CLEVER CHOICE GLUCOSE	
chlorpromazine hcl.....	45	CLEOCIN.....	11,132	CONTROL HIGH.....	79
chlorthalidone.....	66	CLEOCIN PEDIATRIC		CLIMARA.....	69
chlorzoxazone.....	118	GRANULES.....	11	CLIMARA PRO.....	69
CHOLBAM.....	70	CLEOCIN PHOSPHATE.....	11	CLINDAGEL.....	57
cholecalciferol.....	133	CLEOCIN-T.....	57	clindamycin hcl.....	11
cholestyramine.....	29	CLEVER CHOICE COMFORT		clindamycin palmitate	
cholestyramine light.....	29	EZINSULIN		hydrochloride.....	11
choline fenofibrate.....	29	SYRINGE/0.3ML/29G X		clindamycin phosphate.....	12
CHORIONIC		1/2".....	93	clindamycin phosphate	
GONADOTROPIN.....	67	CLEVER CHOICE COMFORT		(topical).....	57
CIALIS.....	51	EZINSULIN		clindamycin phosphate	
ciclopirox.....	58	SYRINGE/0.3ML/30G X		vaginal.....	132
ciclopirox olamine.....	58	1/2".....	93	clindamycin phosphate-benzoyl	
cidofovir.....	48			peroxide.....	57
				clindamycin phosphate-benzoyl	
				peroxide (refrigerate).....	57

clindamycin phosphate-tretinoin.....	57	COMFORT ASSIST INSULIN SYRINGE/0.3ML/31G X 5/16".....	94	CUPRIMINE.....	114
CLINIMIX 4.25%/DEXTROSE 10%.....	119	COMFORT ASSURED LANCETS MICRO THIN 33G.....	79	CUTIVATE.....	62
CLINIMIX 4.25%/DEXTROSE 5%.....	119	COMFORT ASSURED LANCETS SUPER THIN 28G.....	79	CUVITRU.....	122
CLINIMIX E 5%/DEXTROSE 20%.....	119	COMFORT EZ INSULIN SYRINGE/U-100/0.5ML/31G X 5/16".....	94	CVS LANCETS 21G.....	79
clobazam.....	17	COMFORT EZ INSULIN SYRINGE/U-100/1ML/31G X 5/16".....	94	CVS LANCETS MICRO THIN 33G.....	79
clobetasol propionate.....	61	COMFORT LANCETS.....	79	CVS LANCETS MICRO-THIN 33G.....	79
clobetasol propionate emollient base.....	61	COMPLERA.....	45	CVS LANCETS ORIGINAL.....	79
clocortolone pivalate.....	62	COMTAN.....	42	CVS LANCETS THIN 26G.....	79
CLODERM.....	62	CONCERTA.....	2	CVS LANCETS ULTRA THIN 30G.....	79
clofarabine.....	35	CONTOUR HIGH CONTROL.....	79	CVS LANCETS ULTRA-THIN 30G.....	80
CLOLAR.....	35	CONTRAVE.....	2	CVS LANCING DEVICE.....	80
clomipramine hcl.....	23	CONZIP.....	6	CVS PRENATAL.....	116
clonazepam.....	17	COPAXONE.....	125	CVS ULTRA THIN LANCETS.....	80
clonidine.....	31	COPIKTRA.....	39	cyanocobalamin.....	73
clonidine hcl.....	31	CORDRAN.....	62	cyclobenzaprine hcl.....	118
clonidine hcl (adhd).....	2	COREG.....	49	cyclophosphamide.....	35
clopidogrel bisulfate.....	73	CORGARD.....	50	cycloserine.....	34
clorazepate dipotassium.....	13	CORLANOR.....	52	CYCLOSET.....	24
clotrimazole.....	116	CORTEF.....	54	cyclosporine.....	115
clotrimazole (topical).....	58	CORTENEMA.....	10	cyclosporine modified (for microemulsion).....	115
clotrimazole vaginal.....	132	cortisone acetate.....	54	CYKLOKAPRON.....	74
clotrimazole w/ betamethasone.....	58	CORTISPORIN-TC.....	122	CYMBALTA.....	22
clozapine.....	44	CORTROPHIN.....	67	cyproheptadine hcl.....	29
CLOZARIL.....	44	COSENTYX.....	60	CYRAMZA.....	36
COAGUCHEK LANCETS.....	79	COSENTYX SENSOREADY PEN.....	60	CYSTADANE.....	68
COARTEM.....	33	COSMEGEN.....	38	CYSTAGON.....	71
CODEINE SULFATE.....	6	COSOPT.....	119	CYSTARAN.....	121
codeine sulfate.....	6	COUMADIN.....	16	cytarabine.....	35
COGENTIN.....	42	COZAAR.....	31	CYTOMEL.....	127
COLACE.....	75	CREON.....	65	CYTOTEC.....	129
COLAZAL.....	71	CRESEMBA.....	27	CYTOVENE.....	48
colchicine.....	72	CRESTOR.....	30	D.H.E. 45.....	112
colchicine w/ probenecid.....	72	CRIVAN.....	45,46	dacarbazine.....	41
COLCRYS.....	72	cromolyn sodium.....	14	DACOGEN.....	35
colesevelam hcl.....	29	cromolyn sodium (ophth).....	121	dactinomycin.....	38
COLESTID.....	29	crotamiton.....	64	dalfampridine.....	125
COLESTID FLAVORED.....	29	CUBICIN.....	11	DALIRESP.....	14
colestipol hcl.....	29	CUBICIN RF.....	11	danazol.....	10
COLY-MYCIN S.....	122			DANTRIUM.....	118
COMBIGAN.....	119			dantrolene sodium.....	118
COMBIVIR.....	45			dapsone.....	11
COMETRIQ.....	39			DAPTOMYCIN.....	11
				daptomycin.....	11

DARAPRIM.....	33	desogestrel-ethinyl estradiol (biphasic).....	53	diclofenac w/ misoprostol.....	4
darifenacin hydrobromide..	129	desogestrel-ethinyl estradiol (triphasic).....	53	dicloxacillin sodium.....	123
DARZALEX.....	36	desonide.....	62	dicyclomine hcl.....	127
daunorubicin hcl.....	38	DESOWEN.....	62	didanosine.....	46
DAUNORUBICIN		desoximetasone.....	62	DIFFERIN.....	57
HYDROCHLORIDE.....	38	DESOXYN.....	1	DIFICID.....	76
DAURISMO.....	37	desvenlafaxine succinate..	22	diflorasone diacetate.....	62
DAYPRO.....	4	DETROL.....	129	DIFLUCAN.....	27
DAYTRANA.....	2	DETROL LA.....	129	diflunisal.....	6
DDAVP.....	68	dexamethasone.....	55	difluprednate.....	120
DEBACTEROL.....	116	DEXAMETHASONE		digoxin.....	51
decitabine.....	35	INTENSOL.....	55	dihydroergotamine	
deferasirox.....	25	dexamethasone sodium		mesylate.....	112
deferiprone.....	26	phosphate.....	55	DILANTIN.....	20
deferoxamine mesylate.....	26	dexamethasone sodium		DILANTIN INFATABS.....	20
DELESTROGEN.....	69	phosphate (ophth).....	120	DILANTIN-125.....	20
DELSTRIGO.....	46	dexchlorpheniramine		DILAUDID.....	6
DELZICOL.....	71	maleate.....	28	diltiazem hcl.....	50
demeclocycline hcl.....	126	DEXEDRINE.....	1	DILTIAZEM HCL.....	50
DEMEROL.....	6	dexmethylphenidate hcl....	2	diltiazem hcl.....	50
DENAVIR.....	61	dextroamphetamine sulfate. 1		diltiazem hcl coated beads..	50
DEPAKOTE.....	20	DEXTROSE 5%/NACL		diltiazem hcl extended release	
DEPAKOTE ER.....	20	0.3%.....	113	beads.....	50
DEPEN TITRATABS.....	114	dextrose in lactated		dimethyl fumarate.....	125
DEPO-ESTRADIOL.....	69	ringers.....	113	DIOVAN.....	31
DEPO-MEDROL.....	54,55	DEXTROSE/SODIUM		DIOVAN HCT.....	32
DEPO-PROVERA		CHLORIDE.....	113	DIPENTUM.....	71
CONTRACEPTIVE.....	54	DIACOMIT.....	18	diphenhydramine hcl.....	28
DEPO-SUBQ PROVERA		DIASTAT ACUDIAL.....	17	diphenoxylate w/ atropine... 25	
104.....	54	DIASTAT PEDIATRIC.....	17	DIPROLENE.....	62
DEPO-TESTOSTERONE.....	10	DIATHRIVE LANCETS.....	80	DIPROLENE AF.....	62
DERMA-SMOOTH/FS		DIATHRIVE LANCETS ULTRA		dipyridamole.....	73
BODY.....	62	THIN 30G.....	80	disopyramide phosphate.....	13
DERMA-SMOOTH/FS		DIATHRIVE LANCING		disulfiram.....	124
SCALP.....	62	DEVICE.....	80	DITROPAN XL.....	129
DERMOTIC.....	122	DIATRUE GLUCOSE		divalproex sodium.....	20
DESCOVY.....	46	CONTROL SOLUTION LEVEL		DIVIGEL.....	69
DESFERAL.....	26	3.....	80	docetaxel.....	41
desipramine hcl.....	23	diazepam.....	13	DOCETAXEL.....	41
desloratadine.....	28	diazepam (anticonvulsant). 17		docetaxel.....	41
desmopressin acetate.....	68	diazoxide.....	24	docusate calcium.....	75
DESMOPRESSIN		DIBENZYLINE.....	30	docusate sodium.....	75
ACETATE.....	68	DICLEGIS.....	27	dofetilide.....	13
desmopressin acetate.....	69	diclofenac epolamine.....	58	donepezil hydrochloride... 124	
desmopressin acetate spray. 68		diclofenac potassium.....	4	DOPTelet.....	73
desmopressin acetate spray		diclofenac sodium.....	4	DORAL.....	74
refrigerated.....	68	diclofenac sodium (actinic		dorzolamide hcl.....	121
desogestrel & ethinyl		keratoses).....	59		
estradiol.....	53	diclofenac sodium (ophth) 121			
		diclofenac sodium (topical) 58			

dorzolamide hcl-timolol maleate.....	119	DROPLET INSULIN SYRINGE/U-100/1ML/30G X 1/2".....	94	E-Z JECT LANCETS THIN 26G.....	80
DOVATO.....	46	DROPLET INSULIN SYRINGE/U-100/1ML/31G X 15/64".....	94	E-ZJECT LANCETS MICRO-THIN 33G.....	80
DOVONEX.....	60	DROPLET INSULIN SYRINGE/U-100/1ML/31G X 5/16".....	94	E.E.S. GRANULES.....	76
doxazosin mesylate.....	31	DROPLET LANCETS ULTRA THIN 30G.....	80	EASY COMFORT INSULIN SYRINGE/0.5ML/30G X 5/16".....	94
doxepin hcl.....	23	DROPLET LANCING DEVICE.....	80	EASY COMFORT INSULIN SYRINGE/0.5ML/31G X 5/16".....	94
doxepin hcl (antipruritic).....	60	DROPLET PERSONAL LANCETS30G.....	80	EASY COMFORT INSULIN SYRINGE/1ML/30G X 5/16".....	94
doxepin hcl (sleep).....	74	drospirenone-ethinyl estradiol.....	53	EASY COMFORT INSULIN SYRINGE/1ML/31G X 5/16".....	94
doxercalciferol.....	68	drospirenone-ethinyl estradiol-levomefolate calcium.....	53	EASY COMFORT INSULIN SYRINGE/U-100/0.5ML/30G X 1/2".....	94
DOXIL.....	38	DROXIA.....	73	EASY COMFORT INSULIN SYRINGE/U-100/1ML/30G X 1/2".....	95
doxorubicin hcl.....	38	DRUG MART ADJUSTABLE LANCING DEVICE.....	80	EASY MINI EJECT LANCING DEVICE.....	80
doxorubicin hcl liposomal....	38	DRUG MART LANCETS THIN.....	80	EASY MINI LANCING DEVICE.....	80
doxycycline (monohydrate).....	126	DRUG MART ON-THE-GO LANCETS GENTLE 30G..	80	EASY PLUS II CONTROL SOLUTION HIGH.....	80
doxycycline hyclate.....	126	DRUG MART UNILET LANCETSSUPER THIN 30G.....	80	EASY STEP CONTROL SOLUTION HIGH.....	80
doxylamine-pyridoxine.....	27	DRUG MART UNILET LANCETSULTRA THIN 28G.....	80	EASY TALK CONTROL SOLUTION HIGH.....	80
DRISDOL.....	133	DRUG MART UNILET MICRO THIN LANCETS 33G.....	80	EASY TALK PLUS II CONTROLHIGH.....	80
dronabinol.....	27	DUAVEE.....	69	EASY TOUCH FLIPLOCK SAFETY INSULIN SYRINGE 1ML/29GX1/2".....	95
DROPLET GENTEEL LANCING DEVICE.....	80	DUETACT.....	23	EASY TOUCH FLIPLOCK SAFETY INSULIN SYRINGE 1ML/30GX1/2".....	95
DROPLET INSULIN SYRINGE 0.3ML/29G X 1/2".....	94	DULCOLAX.....	75	EASY TOUCH FLIPLOCK SAFETY INSULIN SYRINGE 1ML/30GX5/16".....	95
DROPLET INSULIN SYRINGE 0.5ML/29G X 1/2".....	94	duloxetine hcl.....	22	EASY TOUCH FLIPLOCK SAFETY INSULIN SYRINGE 1ML/30GX5/16".....	95
DROPLET INSULIN SYRINGE 1ML/29G X 1/2".....	94	DUPIXENT.....	63	EASY TOUCH INSULIN SYRINGE/0.3ML/30G X 5/16".....	95
DROPLET INSULIN SYRINGE U-100/0.3/31G X 5/16".....	94	DURAGESIC.....	6	EASY TOUCH INSULIN SYRINGE/0.3ML/31G X 5/16".....	95
DROPLET INSULIN SYRINGE U-100/0.3ML/30G X 1/2".....	94	DUREX EXTRA SENSITIVE.....	76	EASY TOUCH INSULIN SYRINGE/0.5ML/29G X 1/2".....	95
DROPLET INSULIN SYRINGE U-100/0.3ML/30G X 5/16".....	94	DUREZOL.....	120	EASY TOUCH INSULIN SYRINGE/0.5ML/30G X 5/16".....	95
DROPLET INSULIN SYRINGE U-100/0.3ML/30G X 5/16".....	94	dutasteride.....	72	EASY TOUCH INSULIN SYRINGE/1ML/30G X 5/16".....	95
DROPLET INSULIN SYRINGE U-100/0.5ML/30G X 1/2".....	94	dutasteride-tamsulosin hcl.....	72		
DROPLET INSULIN SYRINGE U-100/0.5ML/30G X 5/16".....	94	DYAZIDE.....	66		
DROPLET INSULIN SYRINGE U-100/0.5ML/31G X 5/16".....	94	DYRENIUM.....	66		
DROPLET INSULIN SYRINGE U-100/1ML/30G X 1/2".....	94	DYSPORT.....	119		
DROPLET INSULIN SYRINGE U-100/1ML/30G X 5/16".....	94	E-Z JECT LANCETS.....	80		
DROPLET INSULIN SYRINGE U-100/1ML/31G X 15/64".....	94	E-Z JECT LANCETS 21G.....	80		
DROPLET INSULIN SYRINGE U-100/1ML/31G X 5/16".....	94	E-Z JECT LANCETS COLOR.....	80		
DROPLET INSULIN SYRINGE/U-100/0.3ML/31G X 5/16".....	94	E-Z JECT LANCETS SUPER THIN 30G.....	80		
DROPLET INSULIN SYRINGE/U-100/0.5ML/30G X 1/2".....	94				
DROPLET INSULIN SYRINGE/U-100/0.5ML/31G X 5/16".....	94				

EASY TOUCH INSULIN SYRINGE/SAFETY/U- 100/0.5ML/29G X 1/2".....	95	EASY TOUCH LANCETS 28G/PULL-TOP.....	80	EASY TWIST & CAP LANCETS.....	81
EASY TOUCH INSULIN SYRINGE/SAFETY/U- 100/0.5ML/30G X 5/16".....	95	EASY TOUCH LANCETS 28G/TWIST.....	80	EASYGLUCO CONTROL SOLUTION HIGH.....	81
EASY TOUCH INSULIN SYRINGE/SAFETY/U- 100/1ML/29G X 1/2".....	95	EASY TOUCH LANCETS 30G/BUTTON-ACTIVATED.....	80	EC-NAPROSYN.....	4
EASY TOUCH INSULIN SYRINGE/SAFETY/U- 100/1ML/30G X 1/2".....	95	EASY TOUCH LANCETS 30G/PRESSURE ACTIVATED.....	80	econazole nitrate.....	58
EASY TOUCH INSULIN SYRINGE/SAFETY/U- 100/1ML/30G X 1/2".....	95	EASY TOUCH LANCETS 30G/PULL-TOP.....	80	ECOTRIN.....	6
EASY TOUCH INSULIN SYRINGE/U-100/0.3ML/30G X 1/2".....	95	EASY TOUCH LANCETS 30G/TWIST.....	80	ECOTRIN REGULAR STRENGTH.....	6
EASY TOUCH INSULIN SYRINGE/U-100/0.5ML/27G X 1/2".....	95	EASY TOUCH LANCETS 32G/PRESSURE ACTIVATED.....	81	EDARBI.....	31
EASY TOUCH INSULIN SYRINGE/U-100/0.5ML/28G X 1/2".....	95	EASY TOUCH LANCETS 32G/PULL-TOP.....	81	EDECRIN.....	66
EASY TOUCH INSULIN SYRINGE/U-100/0.5ML/29G X 1/2".....	95	EASY TOUCH LANCETS 32G/TWIST.....	81	EDURANT.....	46
EASY TOUCH INSULIN SYRINGE/U-100/0.5ML/30G X 1/2".....	95	EASY TOUCH LANCETS 33G/TWIST.....	81	efavirenz.....	46
EASY TOUCH INSULIN SYRINGE/U-100/0.5ML/30G X 1/2".....	95	EASY TOUCH LANCING DEVICE/EJECTOR.....	81	efavirenz-emtricitabine-tenofovir disoproxil fumarate.....	46
EASY TOUCH INSULIN SYRINGE/U-100/0.5ML/31G X 5/16".....	95	EASY TOUCH SAFETY LANCETS21G/PRESSURE ACTIVATED.....	81	efavirenz-lamivudine-tenofovir disoproxil fumarate.....	46
EASY TOUCH INSULIN SYRINGE/U-100/1ML/27G X 1/2".....	95	EASY TOUCH SAFETY LANCETS23G/PRESSURE ACTIVATED.....	81	EFFEXOR XR.....	22
EASY TOUCH INSULIN SYRINGE/U-100/1ML/28G X 1/2".....	95	EASY TOUCH SAFETY LANCETS26G/BUTTON ACTIVATED.....	81	EFFIENT.....	73
EASY TOUCH INSULIN SYRINGE/U-100/1ML/29G X 1/2".....	95	EASY TOUCH SAFETY LANCETS26G/PRESSURE ACTIVATED.....	81	EFUDEX.....	59
EASY TOUCH INSULIN SYRINGE/U-100/1ML/30G X 1/2".....	95	EASY TOUCH SAFETY LANCETS28G/BUTTON ACTIVATED.....	81	EGRIFTA.....	67
EASY TOUCH INSULIN SYRINGE/U-100/1ML/31G X 5/16".....	95	EASY TOUCH SAFETY LANCETS28G/PRESSURE ACTIVATED.....	81	EGRIFTA SV.....	67
EASY TOUCH LANCETS 21G/PRESSURE ACTIVATED.....	80	EASY TOUCH SHEATHLOCK SAFETY INSULIN SYRINGE 1ML/29GX1/2".....	95	ELAPRASE.....	68
EASY TOUCH LANCETS 23G/PRESSURE ACTIVATED.....	80	EASY TOUCH SHEATHLOCK SAFETY INSULIN SYRINGE 1ML/30GX5/16".....	95	ELEMENT HIGH CONTROL.....	81
EASY TOUCH LANCETS 26G/PRESSURE ACTIVATED.....	80	EASY TOUCH SHEATHLOCK SAFETY INSULIN SYRINGE 1ML/31GX5/16".....	96	ELESTRIN.....	69
EASY TOUCH LANCETS 26G/PULL-TOP.....	80	EASY TOUCH SHEATHLOCK SAFETY SYRINGE 1ML/30GX1/2".....	96	eletriptan hydrobromide.....	112
EASY TOUCH LANCETS 28G/PRESSURE ACTIVATED.....	80	EASY TRAK GLUCOSE CONTROLSOLUTION HIGH.....	81	ELIDEL.....	64
				ELIGARD.....	37
				ELIMITE.....	64
				ELIQUIS.....	16
				ELIQUIS STARTER PACK.....	16
				ELITE-THIN INSULIN SYRINGE/0.3ML/31G X 5/16".....	96
				ELITE-THIN INSULIN SYRINGE/0.5ML/29G X 1/2".....	96
				ELITE-THIN INSULIN SYRINGE/0.5ML/30G X 5/16".....	96
				ELITE-THIN INSULIN SYRINGE/1ML/30G X 5/16".....	96
				ELITE-THIN INSULIN SYRINGE/U-100/0.5ML/28G X 1/2".....	96
				ELITE-THIN INSULIN SYRINGE/U-100/0.5ML/31G X 5/16".....	96
				ELITE-THIN INSULIN SYRINGE/U-100/1ML/28G X 1/2".....	96
				ELITE-THIN INSULIN SYRINGE/U-100/1ML/29G X 1/2".....	96

ELITE-THIN INSULIN SYRINGE/U-100/1ML/31G X 5/16"	96	EPIPEN-JR 2-PAK	132	ERTACZO	58
ELITEK	41	epirubicin hcl	38	ertapenem sodium	11
ELIXOPHYLLIN	15	EPIVIR	46	ERWINASE	40
ELLA	54	EPIVIR HBV	48	ERWINAZE	40
ELLIOTTS B	113	eplerenone	33	ERYPED 200	76
ELMIRON	72	EPOGEN	73	ERYPED 400	76
EMBRACE GLUCOSE CONTROL SOLUTION HIGH	81	epoprostenol sodium	51	erythromycin (acne aid)	57
EMBRACE LANCETS ULTRA THIN 30G	81	eprosartan mesylate	31	erythromycin (ophth)	120
EMBRACE LANCING DEVICE WITH EJECTOR	81	EPZICOM	46	erythromycin base	76
EMBRACE TALK GLUCOSE CONTROL SOLUTION HIGH	81	EQL COLOR LANCETS 21G	81	erythromycin ethylsuccinate	76
EMCYT	37	EQL COLOR LANCETS MICRO THIN 33G	81	escitalopram oxalate	21
EMEND	27	EQL INSULIN SYRINGE/0.3ML/29G X 1/2"	96	ESGIC	6
EMEND TRIPACK	27	EQL INSULIN SYRINGE/0.3ML/30G X 5/16"	96	esomeprazole magnesium	128
EMFLAZA	55	EQL INSULIN SYRINGE/0.3ML/31G X 5/16"	96	estazolam	74
EMGALITY	111,112	EQL INSULIN SYRINGE/0.5ML/29G X 1/2"	96	ESTRACE	69
EMPLICITI	36	EQL INSULIN SYRINGE/0.5ML/30G X 5/16"	96	estradiol	69
EMSAM	21	EQL INSULIN SYRINGE/0.5ML/31G X 5/16"	96	estradiol vaginal	132
emtricitabine	46	EQL INSULIN SYRINGE/1ML/29G X 1/2"	96	estradiol valerate	69
emtricitabine-tenofovir disoproxil fumarate	46	EQL INSULIN SYRINGE/1ML/30G X 5/16"	96	ESTROGEL	69
EMTRIVA	46	EQL INSULIN SYRINGE/1ML/31G X 5/16"	96	ESTROSTEP FE	53
EMVERM	10	EQL PRENATAL FORMULA	116	eszopiclone	74
ENABLEX	129	EQL SUPER THIN LANCETS 30G	81	ethacrynic acid	66
enalapril maleate	30	EQL THIN LANCETS 26G	81	ethambutol hcl	34
enalapril maleate & hydrochlorothiazide	32	EQUETRO	43	ethosuximide	20
ENBREL	5	ERAXIS	27	ethynodiol diacet & eth estrad	53
ENBREL MINI	5	ERBITUX	37	etodolac	4
ENBREL SURECLICK	5	ergocalciferol	133	etonogestrel-ethinyl estradiol	54
ENERGIX-B	130	ergoloid mesylates	125	ETOPOPHOS	41
enoxaparin sodium	16	ERGOMAR	112	etoposide	41
entacapone	42	ergotamine w/ caffeine	112	etravirine	46
entecavir	48	ERIVEDGE	37	EUCRISA	64
ENTEREG	71	erlotinib hcl	37	EULEXIN	37
ENTOCORT EC	55			EVAMIST	69
ENTRESTO	51			everolimus	39
EPCLUSA	48			everolimus (immunosuppressant)	115
EPIDIOLEX	18			EVISTA	67
EPIDUO	57			EVOCLIN	57
epinastine hcl (ophth)	121			EVOMELA	35
epinephrine (anaphylaxis)	132			EVOTAZ	46
EPIPEN 2-PAK	132			EVOXAC	116
				EXEL COMFORT POINT INSULIN SYRINGE/0.3ML/29G X 1/2"	96
				EXEL COMFORT POINT INSULIN SYRINGE/0.3ML/30G X 5/16"	96

EXEL COMFORT POINT INSULIN SYRINGE/0.5ML/28G X 1/2".....	96	FELDENE.....	4	FIORINAL.....	6
EXEL COMFORT POINT INSULIN SYRINGE/0.5ML/29G X 1/2".....	96	felodipine.....	50	FIORINAL/CODEINE #3.....	8
EXEL COMFORT POINT INSULIN SYRINGE/0.5ML/30G X 5/16".....	96	FEMARA.....	37	FIRAZYR.....	72
EXEL COMFORT POINT INSULIN SYRINGE/1ML/28G X 1/2".....	96	FEMCAP.....	76	FIRDAPSE.....	34
EXEL COMFORT POINT INSULIN SYRINGE/1ML/29G X 1/2".....	96	FEMHRT.....	69	FIRMAGON.....	37
EXEL COMFORT POINT INSULIN SYRINGE/1ML/30G X 5/16".....	97	FEMRING.....	132	FIRVANQ.....	11
EXELDERM.....	58	fenofibrate.....	29	FLAGYL.....	10
exemestane.....	37	fenofibrate micronized.....	29	flavoxate hcl.....	129
EXFORGE.....	32	fenopropfen calcium.....	4	flecainide acetate.....	13
EXFORGE HCT.....	32	FENSOLVI.....	67	FLECTOR.....	58
EXJADE.....	26	fentanyl.....	6	FLOLAN.....	51
EXTAVIA.....	125	fentanyl citrate.....	6	FLOMAX.....	72
EZ-LETS LANCETS 21G.....	81	FENTORA.....	6	FLONASE ALLERGY RELIEF.....	119
EZ-LETS LANCETS 26G SUPER-SOFT.....	81	FER-IN-SOL.....	74	FLONASE ALLERGY RELIEF CHILDRENS.....	118
EZ-LETS LANCETS 28G ULTRA-SOFT.....	81	FERRIPROX.....	26	FLOVENT DISKUS.....	14
EZ-LETS LANCETS 30G.....	81	ferrous fumarate-folic acid.....	74	FLOVENT HFA.....	14
ezetimibe.....	30	ferrous sulfate.....	74	floxuridine.....	36
ezetimibe-simvastatin.....	29	FETZIMA.....	22	FLUAD 2019-2020.....	130
FABRAZYME.....	68	FETZIMA TITRATION PACK.....	22	FLUAD 2020-2021.....	130
famciclovir.....	49	fexofenadine-pseudoephedrine	56	FLUAD QUADRIVALENT 2021- 2022.....	130
famotidine.....	128	FIASP.....	24	FLUAD QUADRIVALENT INFLUENZA VACCINE FOR ADULTS.....	130
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FANAPT.....	43	FIASP PENFILL.....	24	FLUARIX QUADRIVALENT 2020-2021.....	130
FANAPT TITRATION PACK.....	44	FIBERCON.....	75	FLUARIX QUADRIVALENT 2021-2022.....	130
FANTASY LUBRICATED.....	76	FIBRICOR.....	29	FLUBLOK QUADRIVALENT 2019-2020.....	130
FANTASY LUBRICATED/SPERMICIDE	76	FIFTY50 SAFETY SEAL LANCETS 30G.....	81	FLUBLOK QUADRIVALENT 2020-2021.....	130
FARESTON.....	37	FIFTY50 SAFETY SEAL LANCETS 32G.....	81	FLUBLOK QUADRIVALENT 2021-2022.....	130
FARXIGA.....	25	FIFTY50 SUPERIOR COMFORTINSULIN SYRINGE/0.3ML/31G X 5/16".....	97	FLUCELVAX QUADRIVALENT 2019-2020.....	130
FASENRA.....	14	FIFTY50 SUPERIOR COMFORTINSULIN SYRINGE/0.5ML/31G X 5/16".....	97	FLUCELVAX QUADRIVALENT 2020-2021.....	130
FASENRA PEN.....	14	FIFTY50 SUPERIOR COMFORTINSULIN SYRINGE/1ML/31G X 5/16".....	97	FLUCELVAX QUADRIVALENT 2021-2022.....	130
FASLODEX.....	37	FIFTY50 UNILET LANCETS 33G.....	81	fluconazole.....	27
FC FEMALE CONDOM.....	76	FINACEA.....	64	flucytosine.....	27
febuxostat.....	72	finasteride.....	72	fludarabine phosphate.....	36
felbamate.....	19	FINE 30.....	81	fludrocortisone acetate.....	55
FELBATOL.....	19	FINGERSTIX LANCETS.....	81	FLULAVAL QUADRIVALENT 2019-2020.....	131
		FIORICET.....	6	FLULAVAL QUADRIVALENT 2020-2021.....	131
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FLULAVAL QUADRIVALENT 2021-2022.....	131	FORA LANCING DEVICE.....	81	FREESTYLE PRECISION INSULIN SYRINGE/U- 100/1ML/31G X 5/16".....	97
FLUMIST QUADRIVALENT.....	131	FORA LANCING DEVICE/CLEARCAP.....	81	FREESTYLE PRECISION INSULIN SYRINGES/U- 100/1ML/30G X 5/16".....	97
flunisolide (nasal).....	119	FORACARE GDH CONTROL SOLUTION HIGH.....	81	FREESTYLE UNISTICK II LANCETS.....	82
fluocinolone acetonide.....	62	FORFIVO XL.....	21	FROVA.....	112
fluocinolone acetonide (otic).....	122	formoterol fumarate.....	15	frovatriptan succinate.....	112
fluocinonide.....	62	FORTAZ.....	53	fulvestrant.....	37
fluocinonide emulsified base.....	62	FORTISCARE CONTROL SOLUTIONS HIGH.....	81	furosemide.....	66
fluorometholone (ophth).....	120	FOSAMAX.....	66	FUZEON.....	46
fluorouracil.....	36	FOSAMAX PLUS D.....	66	FYCOMPA.....	17
fluorouracil (topical).....	60	fosamprenavir calcium.....	46	gabapentin.....	18
fluoxetine hcl.....	21	fosaprepitant dimeglumine.....	27	GABITRIL.....	19
FLUOXETINE HYDROCHLORIDE.....	21	fosfomycin tromethamine.....	12	GALAFOLD.....	68
fluphenazine hcl.....	45	fosinopril sodium.....	30	galantamine hydrobromide.....	124
flurandrenolide.....	62	fosinopril sodium & hydrochlorothiazide.....	32	GAMMAGARD LIQUID.....	122
flurbiprofen.....	4	fosphenytoin sodium.....	20	GAMMAGARD S/D IGA LESS THAN 1MCG/ML.....	122
flurbiprofen sodium.....	121	FOSRENOL.....	71	GAMMAKED.....	122
flutamide.....	37	FRAGMIN.....	16	GAMUNEX-C.....	122
fluticasone propionate.....	62	FREDS PHARMACY AUTOLET LANCING DEVICE.....	81	ganciclovir sodium.....	48
fluticasone propionate (nasal).....	119	FREDS PHARMACY UNILET LANCETS SUPER THIN 30G.....	82	ganirelix acetate.....	67
fluticasone-salmeterol.....	15	FREDS PHARMACY UNILET LANCETS ULTRA THIN 28G.....	82	GANIRELIX ACETATE.....	67
fluvastatin sodium.....	30	FREESTYLE LANCETS.....	82	GARDASIL 9.....	131
fluvoxamine maleate.....	21	FREESTYLE LIBRE 14 DAY/READER/FLASH MONITORING SYSTEM.....	82	gatifloxacin (ophth).....	120
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FLUZONE HIGH-DOSE PF 2020- 2021.....	131	FREESTYLE LIBRE 2/READER/FLASH GLUCOSE MONITORING SYSTEM.....	82	gemcitabine hcl.....	36
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FML.....	121	FREESTYLE PRECISION INSULIN SYRINGE/U- 100/0.5ML/31G X 5/16".....	97	gentamicin sulfate.....	3
FML FORTE.....	121			gentamicin sulfate (ophth).....	120
FML LIQUIFILM.....	121			gentamicin sulfate (topical).....	58
FOCALIN.....	2			GENTEEL BUTTERFLY TOUCH LANCETS.....	82
FOCALIN XR.....	2			GENTEEL LANCING DEVICE/GLORIOUS GOLD.....	82
folic acid.....	73			GENTEEL LANCING DEVICE/PRECIOUS PLATINUM.....	82
FOLOTYN.....	36			GENTEEL LANCING DEVICE/STATELY SILVER.....	82
fondaparinux sodium.....	16			GENTEEL PLUS LANCING DEVICE/BUFF BLACK.....	82
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FORA LANCETS.....	81				

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GENTEEL PLUS LANCING DEVICE/PRINCESS PINK	82	GLOBAL INJECT EASE INSULIN SYRINGE/U- 100/0.5ML/31G X 5/16"	97	GLUCOPRO INSULIN SYRINGE/U-100/1ML/30G X 1/2"	98
GENTEEL PLUS LANCING DEVICE/WILLOWY WHITE	82	GLOBAL INJECT EASE INSULIN SYRINGE/U- 100/1ML/28G X 1/2"	97	GLUCOPRO INSULIN SYRINGE/U-100/1ML/30G X 5/16"	98
GENTLE-LET GP LANCETS	82	GLOBAL INJECT EASE INSULIN SYRINGE/U- 100/1ML/29G X 1/2"	97	GLUCOPRO INSULIN SYRINGE/U-100/1ML/31G X 5/16"	98
GENTLE-LET LANCETS GENERAL PURPOSE STYLE/FINE POINT	82	GLOBAL INJECT EASE INSULIN SYRINGE/U- 100/1ML/30G X 1/2"	97	GLUCOTROL	25
GENTLE-LET LANCETS GENERAL PURPOSE STYLE/MEDIUM POINT	82	GLOBAL INJECT EASE INSULIN SYRINGE/U- 100/1ML/30G X 5/16"	97	GLUCOTROL XL	25
GENTLE-LET LANCETS SAFETY STYLE/FINE POINT	82	GLOBAL INSULIN SYRINGE/U-100/0.3ML/30G X 1/2"	98	glyburide	25
GENTLE-LET LANCETS SAFETY STYLE/MEDIUM POINT	82	GLOBAL INSULIN SYRINGES/U- 100/0.3ML/30GX5/16"	98	glyburide micronized	25
GENVOYA	46	GLOBAL LANCING DEVICE	82	glyburide-metformin	23
GEODON	43	GLUCAGEN DIAGNOSTIC	65	glycine (gu irrigant)	71
GILENYA	125	GLUCAGEN HYPOKIT	24	glycopyrrolate	127
GILOTRIF	37	glucagon (rdna)	24	GLYNASE	25
glatiramer acetate	125	GLUCAGON EMERGENCY KIT	24	GLYSET	23
GLEEVEC	39	GLUCOCOM HIGH CONTROL	82	GLYXAMBI	23
GLEOSTINE	35	GLUCOCOM LANCETS 28G	82	GNP INSULIN SYRINGE/0.3ML/29G X 1/2"	98
glimepiride	25	GLUCOCOM LANCETS 30G	82	GNP INSULIN SYRINGE/0.3ML/30G X 5/16"	98
glipizide	25	GLUCOCOM LANCETS 33G	82	GNP INSULIN SYRINGE/0.3ML/31G X 5/16"	98
glipizide-metformin hcl	23	GLUCOPRO INSULIN SYRINGE/U-100/0.3ML/30G X 1/2"	98	GNP INSULIN SYRINGE/0.5ML/28G X 1/2"	98
GLOBAL EASY GLIDE INSULIN SYRINGE/1ML/31G X 15/64"	97	GLUCOPRO INSULIN SYRINGE/U-100/0.3ML/30G X 5/16"	98	GNP INSULIN SYRINGE/0.5ML/29G X 1/2"	98
GLOBAL EASY GLIDE INSULINSYRINGE/U- 100/0.3ML/31G X 5/16"	97	GLUCOPRO INSULIN SYRINGE/U-100/0.3ML/31G X 5/16"	98	GNP INSULIN SYRINGE/0.5ML/30G X 5/16"	98
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.3ML/29G X 1/2"	97	GLUCOPRO INSULIN SYRINGE/U-100/0.3ML/31G X 5/16"	98	GNP INSULIN SYRINGE/0.5ML/31G X 5/16"	98
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.3ML/30G X 1/2"	97	GLUCOPRO INSULIN SYRINGE/U-100/0.5ML/30G X 1/2"	98	GNP INSULIN SYRINGE/1ML/28G X 1/2"	98
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.3ML/30G X 5/16"	97	GLUCOPRO INSULIN SYRINGE/U-100/0.5ML/29G X 1/2"	97	GNP INSULIN SYRINGE/1ML/29G X 1/2"	98
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.3ML/31G X 5/16"	97	GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.5ML/28G X 1/2"	97	GNP INSULIN SYRINGE/1ML/30G X 5/16"	98
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.3ML/30G X 1/2"	97	GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.5ML/30G X 1/2"	97	GNP INSULIN SYRINGE/1ML/31G X 5/16"	98
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.3ML/31G X 5/16"	97			GNP INSULIN SYRINGES/0.3ML/30GX5/16"	98
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.5ML/28G X 1/2"	97			GNP INSULIN SYRINGES/1/2ML/29GX1/2"	98
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.5ML/29G X 1/2"	97			GNP INSULIN SYRINGES/1ML/28GX1/2"	98
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.5ML/30G X 1/2"	97				

GNP INSULIN		GOODSENSE LANCING		HEALTHWISE INSULIN	
SYRINGES/1ML/29GX1/2" .	98	DEVICE .	83	SYRINGE/U-100/0.3ML/30G X	
GNP INSULIN		GOODSENSE PRENATAL		5/16" .	99
SYRINGES/1ML/30GX5/16" .	98	VITAMINS .	116	HEALTHWISE INSULIN	
GNP INSULIN		granisetron hcl .	26	SYRINGE/U-100/0.3ML/31G X	
SYRINGES/3ML/31GX5/16" .	98	GRANIX .	73	5/16" .	99
GNP LANCETS 21G .	82	GRASTEK .	3	HEALTHWISE INSULIN	
GNP LANCETS MICRO THIN		griseofulvin microsize .	27	SYRINGE/U-100/0.5ML/30G X	
33G .	82	griseofulvin ultramicrosize .	27	5/16" .	99
GNP LANCETS SUPER THIN		guanfacine hcl .	31	HEALTHWISE INSULIN	
30G .	82	guanfacine hcl (adhd) .	2	SYRINGE/U-100/0.5ML/31G X	
GNP LANCETS THIN .	82	GUANIDINE HCL .	34	5/16" .	99
GNP LANCETS THIN 26G .	82	GYNAZOLE-1 .	132	HEALTHWISE INSULIN	
GNP LANCING SYSTEM		GYNE-LOTRIMIN .	132	SYRINGE/U-100/1ML/30G X	
DEVICE .	83	H-E-B INCONTROL		5/16" .	99
GNP PRENATAL .	116	ADVANCED LANCING		HEALTHWISE INSULIN	
GNP ULTRA COMFORT		DEVICE .	83	SYRINGE/U-100/1ML/31G X	
INSULIN SYRINGE/0.3ML/29G X		H-E-B INCONTROL LANCETS		5/16" .	99
1/2" .	99	MICRO THIN 33G .	83	HEALTHY ACCENTS AUTOLET	
GNP ULTRA COMFORT		H-E-B INCONTROL LANCETS		IMPRESSION LANCING	
INSULIN SYRINGE/0.3ML/30G X		SUPER THIN 30G .	83	DEVICE .	83
5/16" SHORT .	99	H-E-B INCONTROL LANCETS		HEALTHY ACCENTS UNILET	
GNP ULTRA COMFORT		ULTRA THIN 28G .	83	LANCETS SUPER THIN	
INSULIN SYRINGE/0.5ML/28G X		HAEGARDA .	72	30G .	83
1/2" .	99	HAEMOLANCE .	83	HECTOROL .	68
GNP ULTRA COMFORT		HAEMOLANCE LOW FLOW		HEMANGEOL .	50
INSULIN SYRINGE/0.5ML/29G X		LANCETS .	83	HEPARIN LOCK FLUSH .	17
1/2" .	99	HAEMOLANCE PLUS .	83	heparin sod (porcine) in d5w .	17
GNP ULTRA COMFORT		HAEMOLANCE PLUS HIGH		heparin sodium (porcine) .	17
INSULIN SYRINGE/1ML/28G X		FLOW .	83	HEPARIN SODIUM/NACL	
1/2" .	99	HAEMOLANCE PLUS LOW		0.45% .	17
GNP ULTRA COMFORT		FLOW .	83	HEPLISAV-B .	131
INSULIN SYRINGE/1ML/29G X		HAEMOLANCE PLUS MAX		HEPSERA .	48
1/2" .	99	FLOW .	83	HETLIOZ .	75
GOJJI BLOOD KETONE TEST		HAEMOLANCE PLUS		HIPREX .	12
STRIPS .	65	PEDIATRIC FLOW .	83	HIZENTRA .	122
GOJJI LANCING		HALAVEN .	41	HM PRENATAL .	116
DEVICE/CLEAR CAP .	83	halcinonide .	62	HM ULTICARE INSULIN	
GOJJI STERILE LANCETS		HALCION .	74	SYRINGE/1ML/30G X 1/2" .	99
30G .	83	HALDOL .	44	HM ULTICARE INSULIN	
GOLYTELY .	75	HALDOL DECANOATE		SYRINGE/U-100/0.3ML/31G X	
GOODSENSE COLOR		100 .	44	5/16" .	99
LANCETS MICRO-THIN 33G		HALDOL DECANOATE 50	44	HORIZANT .	125
UNIVERSAL .	83	halobetasol propionate .	62	HUMATIN .	3
GOODSENSE LANCETS		HALOG .	62	HUMIRA .	4
MICRO-THIN 33G .	83	haloperidol .	44	HUMIRA PEDIATRIC CROHNS	
GOODSENSE LANCETS		haloperidol decanoate .	44	DISEASE STARTER PACK .	3
MICRO-THIN 33G		haloperidol lactate .	44	HUMIRA PEN .	3
UNIVERSAL .	83	HAVRIX .	131	HUMIRA PEN-CD/UC/HS	
GOODSENSE LANCETS		HEALTH CARE LANCING		STARTER .	3,4
ULTRA-THIN 26G		DEVICE .	83	HUMIRA PEN-PEDIATRIC UC	
UNIVERSAL .	83			STARTER PACK .	4
GOODSENSE LANCETS				HUMIRA PEN-PS/UV	
ULTRA-THIN 30G .	83			STARTER .	4
GOODSENSE LANCETS					
ULTRA-THIN 30G					
UNIVERSAL .	83				

HUMULIN R U-500 (CONCENTRATED).....	24	imatinib mesylate.....	39	INSULIN SYRINGE/1ML/29G X 1/2".....	99
HUMULIN R U-500 KWIKPEN.....	24	IMBRUVICA.....	39	INSULIN SYRINGE/1ML/30G X 5/16".....	99
HY-VEE LANCETS.....	83	IMFINZI.....	36	INSULIN SYRINGE/NEEDLE 0.3ML/30G X 5/16".....	99
HY-VEE THIN LANCETS.....	83	imipenem-cilastatin.....	11	INSULIN SYRINGE/NEEDLE 0.3ML/31G X 5/16".....	100
HYCAMTIN.....	42	imipramine hcl.....	23	INSULIN SYRINGE/NEEDLE 0.5ML/29G X 1/2".....	100
hydralazine hcl.....	33	imipramine pamoate.....	23	INSULIN SYRINGE/NEEDLE 0.5ML/30G X 5/16".....	100
HYDREA.....	41	imiquimod.....	64	INSULIN SYRINGE/NEEDLE 0.5ML/31G X 5/16".....	100
hydrochlorothiazide.....	66	IMITREX.....	112	INSULIN SYRINGE/NEEDLE 1ML/29G X 1/2".....	100
hydrocodone bitartrate.....	6	IMITREX STATDOSE REFILL.....	112	INSULIN SYRINGE/NEEDLE 1ML/30G X 5/16".....	100
hydrocodone polistirex- chlorpheniramine polistirex..	56	IMITREX STATDOSE SYSTEM.....	112	INSULIN SYRINGE/NEEDLE 1ML/31G X 5/16".....	100
hydrocodone-acetaminophen.	8	IMLYGIC.....	42	INSULIN SYRINGE/U- 100/0.3ML/29G X 1/2".....	100
hydrocodone-ibuprofen.....	8,9	IMODIUM A-D.....	25	INSULIN SYRINGE/U- 100/0.5ML/29G X 1/2".....	100
hydrocortisone.....	55	IMPAVIDO.....	10	INSULIN SYRINGE/U- 100/1ML/29G X 1/2".....	100
hydrocortisone (intrarectal)...	10	IMURAN.....	115	INSULIN SYRINGE/U- 100/1ML/30G X 5/16".....	100
hydrocortisone (rectal).....	10	IN TOUCH LANCING DEVICE.....	83	INSULIN SYRINGE/U- 100/1ML/31G X 5/16".....	100
hydrocortisone (topical).....	62,63	IN TOUCH STERILE LANCETS30G.....	83	INSULIN SYRINGES/0.5ML/27GX1/2"	100
hydrocortisone acetate (rectal).....	10	INCRELEX.....	67	INSULIN SYRINGES/0.5ML/28GX1/2"	100
hydrocortisone butyrate.....	63	INCRUSE ELLIPTA.....	14	INSULIN SYRINGES/0.5ML/29GX1/2"	100
hydrocortisone valerate.....	63	indapamide.....	66	INSULIN SYRINGES/0.5ML/30GX5/16"	100
hydrocortisone w/acetic acid.....	122	INDERAL LA.....	50	INSULIN SYRINGES/0.5ML/31GX 5/16".....	100
hydromorphone hcl.....	6	indomethacin.....	5	INSULIN SYRINGES/0.5ML/31GX5/16"	100
HYDROMORPHONE HYDROCHLORIDE.....	7	INFED.....	74	INSULIN SYRINGES/1ML/27GX1/2"	100
hydroxychloroquine sulfate..	33	INFINITY CONTROL SOLUTION HIGH.....	83	INSULIN SYRINGES/1ML/27GX1/2" 100	
hydroxyurea.....	41	INFLECTRA.....	71	INSULIN SYRINGES/1ML/28GX1/2" 100	
hydroxyzine hcl.....	13	INLYTA.....	36	INSULIN SYRINGES/1ML/29GX1/2" 100	
hydroxyzine pamoate.....	13	INREBIC.....	39	INSULIN SYRINGES/1ML/30GX1/2" 100	
HYPER-SAL.....	56	INSPIRA.....	33	INSULIN SYRINGES/1ML/29GX1/2" 100	
HYPERSAL.....	56	INSULIN SYRINGE/0.3ML/29G X 1".....	99	INSULIN SYRINGES/1ML/29GX1/2" 100	
HYQVIA.....	123	INSULIN SYRINGE/0.3ML/29G X 1/2".....	99	INSULIN SYRINGES/1ML/29GX1/2" 100	
HYSINGLA ER.....	7	INSULIN SYRINGE/0.3ML/30G X 5/16".....	99	INSULIN SYRINGES/1ML/29GX1/2" 100	
HYZAAR.....	32	INSULIN SYRINGE/0.3ML/31G X 5/16".....	99	INSULIN SYRINGES/1ML/30GX1/2" 100	
ibandronate sodium.....	66	INSULIN SYRINGE/0.5ML/27G X 1/2".....	99		
IBRANCE.....	39	INSULIN SYRINGE/0.5ML/28G X 1/2".....	99		
ibuprofen.....	5	INSULIN SYRINGE/0.5ML/30G X 1/2".....	99		
icatibant acetate.....	72	INSULIN SYRINGE/0.5ML/30G X 5/16".....	99		
ICLUSIG.....	39	INSULIN SYRINGE/0.5ML/31G X 5/16".....	99		
icosapent ethyl.....	29	INSULIN SYRINGE/1ML/28G X 1/2".....	99		
IDAMYCIN PFS.....	38				
idarubicin hcl.....	38,39				
IFEX.....	35				
ifosfamide.....	35				
IFOSFAMIDE.....	35				
ILEVRO.....	121				

INSULIN			
SYRINGES/1ML/31GX5/16"	100	JARDIANCE	25
INTELENCE	46	JEVTANA	41
INTRAROSA	132	JUBLIA	58
INTRON A	41	JULUCA	46
INTUNIV	2	JYNARQUE	69
INVANZ	11	K-TAB	114
INVEGA	44	K-Y ME & YOU EXTRA	
INVIRASE	46	LUBRICATED	76
IONOSOL-MB/DEXTROSE		K-Y ME & YOU INTENSE	77
5%	113	KADCYLA	36
IOPIDINE	120	KADIAN	7
IPOL INACTIVATED IPV	131	KALETRA	46
ipratropium bromide	14	KALYDECO	126
ipratropium bromide (nasal)	118	KAMELEON	
ipratropium-albuterol	15	LUBRICATED	77
irbesartan	31	KAPVAY	2
irbesartan-hydrochlorothiazide	32	KAZANO	23
IRESSA	37	KCL 0.3%/D5W/NACL	
irinotecan hcl	42	0.9%	113
irrigation solutions,		KEFLEX	52
physiological	115	KENALOG-40	55
ISENTRESS	46	KEPIVANCE	41
ISENTRESS HD	46	KEPPRA	18
ISOLYTE-P/DEXTROSE		KEPPRA XR	18
5%	113	KERYDIN	58
ISOLYTE-S	113	ketoconazole	27
isoniazid	34	ketoconazole (topical)	58
ISOPTO CARPINE	120	KETONE	65
ISORDIL TITRADOSE	12	KETONE TEST STRIPS	65
isosorbide dinitrate	12	ketoprofen	5
isosorbide mononitrate	12	ketorolac tromethamine	5
isotretinoin	57	ketorolac tromethamine	
isradipine	50	(ophth)	121
ISTODAX (OVERFILL)	39	KETOSTIX	65
itraconazole	27	ketotifen fumarate (ophth)	121
ivermectin	10	KEVEYIS	65
ivermectin (pediculicide)	64	KEYTRUDA	36
IXEMPRA KIT	41	KHAPZORY	41
JADENU	26	KIMONO COLORS	77
JADENU SPRINKLE	26	KIMONO LUBRICATED	77
JAKAFI	39	KIMONO MICRO THIN PLUS	
JALYN	72	SPERMICIDE	
JANUMET	23	LUBRICATED	77
JANUMET XR	23	KIMONO PLUS SPERMICIDE	
JANUVIA	24	LUBRICATED	77
		KIMONO PLUS	
		SPERMICIDE/LUBRICATED	
			77
		KIMONO PS	
		LUBRICATED	77
		KIMONO PS PLUS	
		SPERMICIDE/LUBRICATED	
			77
		KIMONO SENSATION	
		LUBRICATED	77
		KIMONO SENSATION PLUS	
		SPERMICIDE LUBRICATED	77
		KIMONO SPECIAL	77
		KINNEY LANCETS	83
		KINNEY THIN LANCETS	83
		KINRAY INSULIN SYRINGE	
		PREFERRED PLUS/0.3ML/31G	
		X 5/16"	100
		KINRAY INSULIN SYRINGE	
		PREFERRED PLUS/0.5ML/31G	
		X 5/16"	100
		KINRAY INSULIN SYRINGE	
		PREFERRED PLUS/1ML/31G X	
		5/16"	100
		KINRAY INSULIN	
		SYRINGE/0.5ML/29G X	
		1/2"	100
		KISQALI	39
		KISQALI FEMARA 200	
		DOSE	39
		KISQALI FEMARA 400	
		DOSE	39
		KISQALI FEMARA 600	
		DOSE	39
		KITABIS PAK	3
		KLARITY-A	120
		KLARON	57
		KLONOPIN	17
		KMART VALU PLUS INSULIN	
		SYRINGE/1ML/29G	100
		KMART VALU PLUS INSULIN	
		SYRINGE/1ML/30G	100
		KOSELUGO	39
		KP PRENATAL	
		MULTIVITAMINS	116
		KRINTAFEL	33
		KROGER AUTOLET LANCING	
		DEVICE	83
		KROGER HEALTHPRO TWIST	
		LANCETS/26G	83
		KROGER INSULIN	
		SYRINGE/0.3ML/29G X	
		1/2"	101
		KROGER INSULIN	
		SYRINGE/0.3ML/30G X	
		5/16"	101
		KROGER INSULIN	
		SYRINGE/0.3ML/31G X	
		5/16"	101

KROGER INSULIN SYRINGE/0.5ML/29G X 1/2".....	101	LANCETS.....	84	LEADER INSULIN SYRINGE/0.3ML/31G X 5/16".....	101
KROGER INSULIN SYRINGE/0.5ML/30G X 5/16".....	101	LANCETS 26G TWIST TOP.....	84	LEADER INSULIN SYRINGE/0.5ML/28G X 1/2".....	101
KROGER INSULIN SYRINGE/0.5ML/31G X 5/16".....	101	LANCETS 30G.....	84	LEADER INSULIN SYRINGE/0.5ML/29G X 1/2".....	101
KROGER INSULIN SYRINGE/1ML/29G X 1/2".....	101	LANCETS 30G TWIST TOP.....	84	LEADER INSULIN SYRINGE/0.5ML/30G X 5/16".....	101
KROGER INSULIN SYRINGE/1ML/30G X 5/16".....	101	LANCETS 30G/TWIST TOP.....	84	LEADER INSULIN SYRINGE/0.5ML/31G X 5/16".....	101
KROGER INSULIN SYRINGE/1ML/31G X 5/16".....	101	LANCETS 31G TWIST TOP.....	84	LEADER INSULIN SYRINGE/1ML/28G X 1/2".....	101
KROGER LANCETS.....	83	LANCETS 33G EXTRA FINE.....	84	LEADER INSULIN SYRINGE/1ML/29G X 1/2".....	101
KROGER LANCETS 21G.....	83	LANCETS MICRO THIN 33G.....	84	LEADER INSULIN SYRINGE/1ML/30G X 5/16".....	101
KROGER LANCETS MICRO THIN33G.....	83	LANCETS SAFETY SEAL 21G.....	84	LEADER INSULIN SYRINGE/1ML/31G X 5/16".....	101
KROGER LANCETS SUPER THIN.....	83	LANCETS SAFETY SEAL 26G.....	84	leflunomide.....	5
KROGER LANCETS THIN.....	83	LANCETS SAFETY SEAL 28G.....	84	lenalidomide.....	115
KROGER LANCETS THIN 26G.....	83	LANCETS SAFETY SEAL 30G.....	84	LENVIMA 10 MG DAILY DOSE.....	36
KROGER LANCETS ULTRATHIN30G.....	83	LANCETS SUPER THIN 28G.....	84	LENVIMA 12MG DAILY DOSE.....	36
KROGER LANCING DEVICE.....	84	LANCETS THIN.....	84	LENVIMA 14 MG DAILY DOSE.....	36
KUVAN.....	68	LANCETS TWIST TOP.....	84	LENVIMA 18 MG DAILY DOSE.....	36
KYPROLIS.....	39	LANCETS ULTRA THIN.....	84	LENVIMA 20 MG DAILY DOSE.....	36
labetalol hcl.....	49	LANCETS ULTRA THIN 30G.....	84	LENVIMA 24 MG DAILY DOSE.....	36
LAC-HYDRIN TWELVE.....	63	LANCETS BULLSEYE SAFETY.....	84	LENVIMA 4 MG DAILY DOSE.....	36
lacosamide.....	18	LANCING DEVICE.....	84	LENVIMA 8 MG DAILY DOSE.....	36
LACRISERT.....	119	LANCING DEVICE ADJUSTABLE.....	84	LETAIRIS.....	51
lactated ringer's.....	113	LANOXIN.....	51	letrozole.....	37
lactated ringer's (irrigation).....	115	LANREOTIDE ACETATE.....	69	leucovorin calcium.....	41
lactic acid (ammonium lactate).....	63	lansoprazole.....	128	LEUKERAN.....	35
lactulose.....	75	lanthanum carbonate.....	71	LEUKINE.....	73
lactulose (encephalopathy).....	71	LANZO.....	84	leuprolide acetate.....	37
LAMICTAL.....	18	lapatinib ditosylate.....	39	levalbuterol hcl.....	15
LAMICTAL CHEWABLE DISPERSIBLE.....	18	LARTRUVO.....	38	levalbuterol tartrate.....	15
LAMICTAL ODT.....	18	LASIX.....	66	LEVAQUIN.....	70
lamivudine.....	46	LASTACFT.....	121	LEVEMIR.....	24
lamivudine (hbv).....	48	latanoprost.....	122	LEVEMIR FLEXTOUCH.....	24
lamivudine-zidovudine.....	46	LATUDA.....	43	levetiracetam.....	18
lamotrigine.....	18	LEADER ADVANCED LANCING DEVICE.....	84		
LANCET DEVICE ADJUSTABLE.....	84	LEADER INSULIN SYRINGE/0.3ML/29G X 1/2".....	101		
LANCET DEVICE WITH EJECTOR.....	84	LEADER INSULIN SYRINGE/0.3ML/30G X 5/16".....	101		

levobunolol hcl.....	119	LITE TOUCH LANCING PEN.....	84	LIVE BETTER LANCET SUPERTHIN 30G.....	84
levocetirizine dihydrochloride	28	LITETOUCH INSULIN SYRINGE/0.3ML/29G X 1/2".....	101	LIVE BETTER LANCET ULTRATHIN 28G.....	84
levofloxacin.....	70	LITETOUCH INSULIN SYRINGE/0.3ML/30G X 5/16".....	101	LO LOESTRIN FE.....	53
levofloxacin (ophth).....	120	LITETOUCH INSULIN SYRINGE/0.3ML/31G X 5/16".....	101	LOCOID.....	63
levofloxacin in d5w.....	70	LITETOUCH INSULIN SYRINGE/0.5ML/30G X 5/16".....	101	LODINE.....	5
levonorgestrel & eth estradiol.....	53	LITETOUCH INSULIN SYRINGE/0.5ML/31G X 5/16".....	101	LODOSYN.....	42
levonorgestrel (emergency oc).....	54	LITETOUCH INSULIN SYRINGE/1ML/30G X 5/16".....	101	LOMOTIL.....	25
levonorgestrel-eth estradiol (triphasic).....	53	LITETOUCH INSULIN SYRINGE/U-100/0.3ML/30G X 5/16".....	101	LONGS INSULIN SYRINGE/0.5ML/31G X 5/16".....	102
levonorgestrel-ethinyl estradiol (91-day).....	53	LITETOUCH INSULIN SYRINGE/U-100/0.3ML/31G X 5/16".....	101	LONGS LANCETS STANDARD.....	84
levonorgestrel-ethinyl estradiol (continuous).....	53	LITETOUCH INSULIN SYRINGE/U-100/0.5ML/28G X 1/2".....	101	LONGS LANCETS THIN.....	84
levorphanol tartrate.....	7	LITETOUCH INSULIN SYRINGE/U-100/0.5ML/31G X 5/16".....	101	LONGS LANCETS ULTRA THIN.....	84
levothyroxine sodium.....	127	LITETOUCH INSULIN SYRINGE/U-100/0.5ML/29G X 1/2".....	101	loperamide hcl.....	25
LEXAPRO.....	21,22	LITETOUCH INSULIN SYRINGE/U-100/0.5ML/30G X 5/16".....	101	LOPID.....	29
LEXIVA.....	46,47	LITETOUCH INSULIN SYRINGE/U-100/0.5ML/31G X 5/16".....	101	lopinavir-ritonavir.....	47
LIALDA.....	71	LITETOUCH INSULIN SYRINGE/U-100/1ML/28G X 1/2".....	102	LOPRESSOR.....	49
LIBERTY CONTROL SOLUTION HIGH.....	84	LITETOUCH INSULIN SYRINGE/U-100/1ML/29G X 1/2".....	102	LOPRESSOR HCT.....	32
LIBERTY MEDICAL LANCETS 30G.....	84	LITETOUCH INSULIN SYRINGE/U-100/1ML/30G X 5/16".....	102	LOPROX.....	58
LIBERTY MINI LANCING DEVICE.....	84	LITETOUCH INSULIN SYRINGE/U-100/1ML/31G X 5/16".....	102	LOPROX SHAMPOO.....	58
LIBRAX.....	127	LITETOUCH LANCETS MICRO THIN 33G.....	84	loratadine.....	28
LIBTAYO.....	37	LITHIUM.....	43	loratadine & pseudoephedrine.....	56
lidocaine.....	64	lithium carbonate.....	43	lorazepam.....	13
lidocaine hcl.....	64	LITHOBID.....	43	LORBRENA.....	39
lidocaine hcl (local anesth.).....	75	LIVE BETTER ADVANCED LANCING DEVICE.....	84	LORTAB.....	9
lidocaine hcl (mouth-throat).....	116			losartan potassium.....	31
lidocaine-prilocaine.....	64			losartan potassium & hydrochlorothiazide.....	32
LIDODERM.....	64			LOSEASONIQUE.....	53
LIFESCAN UNISTIK 2 DEEP PENETRATION.....	84			LOTEMAX.....	121
LIFESCAN UNISTIK II LANCETS.....	84			LOTENSIN.....	30
LINCOCIN.....	12			LOTENSIN HCT.....	32
lincomycin hcl.....	12			loteprednol etabonate.....	121
lindane.....	64			LOTREL.....	32
linezolid.....	12			LOTRIMIN AF.....	58
LINZESS.....	71			LOTRIMIN AF JOCK ITCH.....	58
liothyronine sodium.....	127			LOTRIMIN ULTRA.....	58
LIPITOR.....	30			LOTRISONE.....	59
LIPOFEN.....	29			LOTRONEX.....	71
lisinopril.....	30			lovastatin.....	30
lisinopril & hydrochlorothiazide.....	32			LOVAZA.....	29
LITE TOUCH LANCETS.....	84			LOVENOX.....	17
				loxapine succinate.....	44
				lubiprostone.....	70

LUCEMYRA.....	124	MARCAINE.....	75	MEDLANCE PLUS LANCETS	
Iuliconazole.....	59	MARINOL.....	27	LITE 25G.....	85
LUMIZYME.....	68	MARPLAN.....	21	MEDLANCE PLUS LITE	
LUMOXITI.....	37	MARQIBO.....	41	LANCETS 25G.....	85
LUNESTA.....	74	MASONATAL.....	116	MEDLANCE PLUS SPECIAL	
LUPANETA PACK.....	67	MATULANE.....	41	LANCETS 0.8MM.....	85
LUPRON DEPOT (1-		MAVENCLAD.....	125	MEDLANCE PLUS SUPERLITE	
MONTH).....	37	MAXALT.....	112	30G.....	85
LUPRON DEPOT (3-		MAXALT-MLT.....	112	MEDLANCE PLUS SUPERLITE	
MONTH).....	38	MAXI-COMFORT INSULIN		30G/COMFORT MAX.....	85
LUPRON DEPOT (4-		SYRINGE/U-		MEDLANCE PLUS UNIVERSAL	
MONTH).....	38	100/0.5ML/28GX1/2".....	102	LANCETS 21G.....	85
LUPRON DEPOT (6-		MAXI-COMFORT INSULIN		MEDLANCE PLUS/LITE	
MONTH).....	38	SYRINGE/U-		25G.....	85
LUPRON DEPOT-PED (1-		100/1ML/28GX1/2".....	102	MEDLANCE/EXTRA.....	85
MONTH).....	67	MAXICOMFORT INSULIN		MEDLANCE/LITE.....	85
LUPRON DEPOT-PED (3-		SYRINGES 27G X 1/2".....	102	MEDLANCE/UNIVERSAL.....	85
MONTH).....	67	MAXIDEX.....	121	MEDROL.....	55
LUXIQ.....	63	MAXITROL.....	121	MEDROL DOSEPAK.....	55
LUZU.....	59	MAXX LUBRICATED.....	77	medroxyprogesterone	
LYNPARZA.....	39	MAXX PLUS SPERMICIDE		acetate.....	123,124
LYRICA.....	18	LUBRICATED.....	77	medroxyprogesterone acetate	
LYRICA CR.....	125	MAXZIDE.....	66	(contraceptive).....	54
LYSODREN.....	38	MAXZIDE-25.....	66	mefenamic acid.....	5
LYSTEDA.....	74	meclizine hcl.....	26	mefloquine hcl.....	33
M-M-R II.....	131	meclofenamate sodium.....	5	MEGACE ES.....	124
M-NATAL PLUS.....	116	MEDIC INSULIN		megestrol acetate.....	38
MACROBID.....	12	SYRINGE/0.3ML/30G X		megestrol acetate	
MACRODANTIN.....	12	5/16".....	102	(appetite).....	124
mafenide acetate.....	61	MEDIC INSULIN		MEIJER COLOR LANCETS	
MAGELLAN INSULIN SAFETY		SYRINGE/0.5ML/30G X		UNIVERSAL 33G.....	85
SYRINGE/U-100/0.3ML/29G X		5/16".....	102	MEIJER LANCETS.....	85
1/2".....	102	MEDICHOICE PRE-SET		MEIJER LANCETS THIN.....	85
MAGELLAN INSULIN SAFETY		SAFETY LANCET DUAL		MEIJER LANCETS	
SYRINGE/U-100/0.3ML/30G X		USE.....	84	UNIVERSAL21G.....	85
5/16".....	102	MEDICHOICE PRE-SET		MEIJER LANCETS	
MAGELLAN INSULIN SAFETY		SAFETY LANCET LOW		UNIVERSAL30G.....	85
SYRINGE/U-100/0.5ML/29G X		FLOW.....	84	MEIJER LANCETS	
1/2".....	102	MEDICHOICE PRE-SET		UNIVERSAL33G.....	85
MAGELLAN INSULIN SAFETY		SAFETY LANCET MEDIUM		MEIJER SUPER THIN	
SYRINGE/U-100/0.5ML/30G X		FLOW.....	84	LANCETS.....	85
5/16".....	102	MEDICHOICE PRE-SET		MEKINIST.....	39,40
MAGELLAN INSULIN SAFETY		SAFETY LANCET MODERATE		MEKTOVI.....	40
SYRINGE/U-100/1ML/29G X		FLOW.....	84	meloxicam.....	5
1/2".....	102	MEDICHOICE SAFETY		melphalan.....	35
MAGELLAN INSULIN SAFETY		LANCETEXTRA.....	85	melphalan hcl.....	35
SYRINGE/U-100/1ML/30G X		MEDICHOICE SAFETY		memantine hcl.....	124
5/16".....	102	LANCETNORMAL.....	85	MENEST.....	69
magnesium sulfate.....	114	MEDISENSE THIN		MENOSTAR.....	69
MALARONE.....	33	LANCETS.....	85	MENQUADFI.....	129
malathion.....	64	MEDLANCE PLUS EXTRA		MENVEO.....	129
maprotiline hcl.....	21	LANCETS 21G.....	85	meperidine hcl.....	7
maraviroc.....	47	MEDLANCE PLUS		meprobamate.....	13
		LANCETS.....	85		

MEPRON.....	11	MICARDIS.....	31	MONOJECT INSULIN	
mercaptapurine.....	36	MICARDIS HCT.....	32	SYRINGE/1ML.....	102
meropenem.....	11	miconazole nitrate		MONOJECT INSULIN	
MERREM.....	11	vaginal.....	132	SYRINGE/1ML/31G X	
mesalamine.....	71	MICROLET LANCETS.....	85	5/16".....	102
mesna.....	41	MICROLET NEXT.....	85	MONOJECT INSULIN	
MESNEX.....	41	midodrine hcl.....	133	SYRINGE/DETACH	
MESTINON.....	34	miglitol.....	23	NEEDLE/1ML/25G X 5/8" ..	102
MESTINON TIMESPAN.....	34	miglustat.....	73	MONOJECT INSULIN	
metaxalone.....	118	MIGRANAL.....	112	SYRINGE/DETACH	
metformin hcl.....	24	MILLIPRED.....	55	NEEDLE/1ML/27G X 1/2" ..	103
methadone hcl.....	7	MILLIPRED DP.....	55	MONOJECT INSULIN	
METHADONE HCL.....	7	MINASTRIN 24 FE.....	53	SYRINGE/PERM	
methadone hcl.....	7	MINI LANCING DEVICE ..	85	NEEDLE/1ML/28G X 1/2" ..	103
METHADOSE.....	7	MINIPRESS.....	31	MONOJECT INSULIN	
METHADOSE SUGAR-FREE	7	MINIVELLE.....	70	SYRINGE/SAFETY/PERM	
methamphetamine hcl.....	1	MINOCIN.....	126	NEEDLE/0.3ML/29G X 1/2" 103	
methazolamide.....	65	minocycline hcl.....	126	MONOJECT INSULIN	
methenamine hippurate.....	12	minoxidil.....	33	SYRINGE/SAFETY/PERM	
methimazole.....	127	MIRAPEX.....	42,43	NEEDLE/0.3ML/29GX1/2" ..	103
METHITEST.....	10	MIRCERA.....	73	MONOJECT INSULIN	
methocarbamol.....	118	MIRCETTE.....	53	SYRINGE/SAFETY/PERM	
METHOTREXATE.....	4	mirtazapine.....	20	NEEDLE/0.5ML/29G X 1/2" 103	
methotrexate sodium.....	36	MIRVASO.....	64	MONOJECT INSULIN	
methoxsalen rapid.....	60	misoprostol.....	129	SYRINGE/SAFETY/PERM	
methscopolamine bromide.	127	MITIGARE.....	72	NEEDLE/1ML/29G X 1/2" ..	103
methyl dopa.....	31	mitomycin.....	39	MONOJECT INSULIN	
METHYLIN.....	2	mitoxantrone hcl.....	39	SYRINGE/SOFTPACK/1ML/27G	
methylphenidate hcl.....	2	MM INSULIN SYRINGE/U-		X 1/2".....	103
methylprednisolone.....	55	100/0.3ML/30G X 5/16" ..	102	MONOJECT INSULIN	
methylprednisolone acetate.	55	MM INSULIN SYRINGE/U-		SYRINGE/U-100/0.3ML/30G X	
methylprednisolone sod		100/0.3ML/31G X 5/16" ..	102	5/16".....	103
succ.....	55	MM INSULIN SYRINGE/U-		MONOJECT INSULIN	
metoclopramide hcl.....	70	100/1/2ML/30G X 5/16" ..	102	SYRINGE/U-100/0.5ML/30G X	
metolazone.....	66	MM INSULIN SYRINGE/U-		5/16".....	103
metoprolol &		100/1/2ML/31G X 5/16" ..	102	MONOJECT INSULIN	
hydrochlorothiazide.....	32	MM INSULIN SYRINGE/U-		SYRINGE/U-100/1ML/28G X	
metoprolol succinate.....	49	100/1ML/30G X 5/16" ..	102	1/2".....	103
metoprolol tartrate.....	49	MM INSULIN SYRINGE/U-		MONOJECT INSULIN	
METROCREAM.....	64	100/1ML/31G X 5/16" ..	102	SYRINGE/U-100/1ML/30G X	
METROGEL.....	64	MM LANCING DEVICE ..	85	5/16".....	103
METROLOTION.....	64	MM TWIST LANCETS.....	85	MONOJECT INSULIN	
metronidazole.....	10	MOBIC.....	5	SYRINGE/REGULAR LUER	
metronidazole (topical).....	64	modafinil.....	2,3	TIP/SOFTPACK/1ML.....	103
metronidazole vaginal.....	132	moexipril hcl.....	30	MONOJECT ULTRA COMFORT	
mexiletine hcl.....	13	mometasone furoate.....	63	INSULIN SYRINGE/0.3ML/29G X	
micalfungin sodium.....	27	mometasone furoate		1/2".....	103
		(nasal).....	119	MONOJECT ULTRA COMFORT	
		MONISTAT SOOTHING CARE		INSULIN SYRINGE/0.3ML/30G X	
		ITCH RELIEF.....	63	5/16".....	103
				INSULIN SYRINGE/0.3ML/31G X	
				5/16".....	103

MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.5ML/28G X 1/2".....	103	mupirocin.....	58	NATURE-THROID NT-2.5.....	127
MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.5ML/29G X 1/2".....	103	MVASI.....	36	NAVELBINE.....	41
MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.5ML/30G X 5/16".....	103	MYALEPT.....	68	NAYZILAM.....	17
MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.5ML/31G X 5/16".....	103	MYAMBUTOL.....	34	nebivolol hcl.....	49
MONOJECT ULTRA COMFORT INSULIN SYRINGE/1ML/28G X 1/2".....	103	MYCAMINE.....	27	NEBUSAL.....	56
MONOJECT ULTRA COMFORT INSULIN SYRINGE/1ML/29G X 1/2".....	103	MYCOBUTIN.....	34	nefazodone hcl.....	22
MONOLET LANCETS.....	85	mycophenolate mofetil.....	115	nelarabine.....	36
MONOLET OPD LANCETS.....	85	mycophenolate sodium.....	115	NEO-SYNALAR.....	58
MONOLETTOR SAFETY LANCETS.....	85	MYDRIACYL.....	119	neomycin sulfate.....	3
montelukast sodium.....	14	MYFORTIC.....	115	neomycin-bacitracin zn- polymyxin.....	120
MONUROL.....	12	MYGLUCOHEALTH MGH SOFTLANCE LANCETS 30G.....	85	neomycin-polymy- dexameth.....	121
MORPHABOND ER.....	7	MYLERAN.....	35	neomycin-polymyxin-hc (ophth).....	121
morphine sulfate.....	7	MYLOTARG.....	37	neomycin-polymyxin-hc (otic).....	122
MOTOFEN.....	25	MYSOLINE.....	18	NEONATAL COMPLETE.....	117
MOVIPREP.....	75	nabumetone.....	5	NEONATAL PLUS.....	117
moxifloxacin hcl.....	70	nadolol.....	50	NEONATAL VITAMIN.....	117
moxifloxacin hcl (ophth).....	120	nafticillin sodium.....	123	NEORAL.....	115
moxifloxacin hcl in sodium chloride.....	70	naftifine hcl.....	59	NEOSTIGMINE.....	34
MOZOBIL.....	74	NAFTIFINE HYDROCHLORIDE.....	59	METHYLSULFATE.....	24
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MPD SAFETY LANCET 28G/1.8MM.....	85	NAGLAZYME.....	68	NEUPRO.....	43
MPD SAFETY LANCET 30G/1.8MM.....	85	nalbuphine hcl.....	9	NEURONTIN.....	18
MPD SAFETY LANCETS 23G/1.8MM.....	85	NALFON.....	5	NEVANAC.....	122
MS CONTIN.....	7	naloxone hcl.....	26	nevirapine.....	47
MS INSULIN SYRINGE/0.3ML/31G X 5/16".....	103	naltrexone hcl.....	26	NEXAVAR.....	40
MS INSULIN SYRINGE/0.5ML/31G X 5/16".....	103	NAMENDA.....	124	NEXIUM.....	128
MS INSULIN SYRINGE/1ML/31G X 5/16".....	104	NAMENDA TITRATION PAK.....	124	NEXIUM 24HR.....	128
MULPLETA.....	73	NAPROSYN.....	5	niacin.....	133
MULTAQ.....	13	naproxen.....	5	niacin (antihyperlipidemic).....	30
MULTI PRENATAL.....	116	naproxen sodium.....	5	NIACIN TR.....	133
MULTI-LANCET DEVICE.....	85	naratriptan hcl.....	112	niacinamide.....	133
		NARCAN.....	26	NIASPAN.....	30
		NARDIL.....	21	nicardipine hcl.....	50
		NAROPIN.....	75	NICODERM CQ.....	125
		NASACORT ALLERGY 24HR.....	119	NICORETTE.....	126
		NASACORT ALLERGY 24HR CHILDRENS.....	119	NICORETTE MINI.....	126
		NASONEX.....	119	NICORETTE STARTER KIT.....	126
		NATACYN.....	120	nicotine.....	126
		NATAZIA.....	53	nicotine polacrilex.....	126
		nateglinide.....	25	NICOTINE TRANSDERMAL SYSTEM.....	126
		NATROBA.....	65	NICOTROL INHALER.....	126
		NATURE-THROID.....	127	NICOTROL NS.....	126
				nifedipine.....	50

NILANDRON.....	38	NORPRAMIN.....	23	OCUFLOX.....	120
nilutamide.....	38	nortriptyline hcl.....	23	ODEFSEY.....	47
nimodipine.....	50	NORVASC.....	50	ODOMZO.....	37
NINLARO.....	40	NORVIR.....	47	OFEV.....	126
NIPENT.....	41	NOVA MAX PLUS KETONE		ofloxacin.....	70
nisoldipine.....	50	TESTSTRIPS.....	65	ofloxacin (ophth).....	120
nitazoxanide.....	11	NOVA SAFETY LANCETS		ofloxacin (otic).....	122
nitisinone.....	68	23G.....	85	olanzapine.....	44
NITRO-BID.....	12	NOVA SAFETY LANCETS		olmesartan medoxomil.....	31
NITRO-DUR.....	12	28G.....	85	olmesartan medoxomil-	
nitrofurantoin.....	12	NOVA SUREFLEX		amlodipine-hydrochlorothiazide	
nitrofurantoin macrocrystal.....	12	LANCETS.....	85	32
nitrofurantoin monohyd		NOVA SUREFLEX LANCING		olmesartan medoxomil-	
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NITROGLYCERIN.....	12	NOVOLIN 70/30.....	25	olopatadine hcl (nasal).....	118
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NIVA-PLUS.....	117	RELION.....	24	omeprazole.....	128
NIX CREME RINSE.....	65	NOVOLIN 70/30 RELION.....	25	omeprazole magnesium.....	128
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norelgestromin-ethinyl		NOVOLOG.....	25	DEVICE.....	85
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norethin acet & estrad-fe.....	53	NOVOLOG MIX 70/30.....	25	DEVICE.....	85
norethindrone & eth estradiol.....	53	NOVOLOG MIX 70/30		ONCASPAR.....	40
norethindrone & ethinyl estradiol-		PREFILLED FLEXPEN.....	25	ondansetron.....	26
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norethindrone		NOXAFIL.....	28	ONE VITE WOMENS	
(contraceptive).....	54	NPLATE.....	73	PRENATALVITAMIN.....	117
norethindrone acet & eth		NUBEQA.....	38	ONE VITE WOMENS	
estra.....	53	NUCALA.....	14	PRENATALVITAMIN PLUS.....	117
norethindrone acetate.....	124	NUCYNTA.....	7	ONETOUCH CLUB LANCETS	
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norethindrone acetate-ethinyl		NULOJIX.....	115	EXTRA FINE 33G.....	86
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norgestimate-ethinyl		NUVARING.....	54	DEVICE.....	86
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OSENI	23		
OSMOPREP	75		
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OTEZLA	5		
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OVIDE	65		
oxacillin sodium	123		
oxaliplatin	35		
oxandrolone	9		
oxaprozin	5		
oxazepam	13		
OXBRYTA	73		
oxcarbazepine	19		
OXERVATE	120		
oxiconazole nitrate	59		
OXISTAT	59		
OXSORALEN ULTRA	60		
oxybutynin chloride	129		
oxycodone hcl	7		
oxycodone w/ acetaminophen	9		
oxycodone-ibuprofen	9		
oxymorphone hcl	7		
OZEMPIC	24		
paclitaxel	41		
paliperidone	44		
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PALYNZIQ	68		
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PAMIDRONATE			
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peg 3350-kcl-sod bicarb-sod			
chloride-sod sulfate	75		
peg 3350-potassium chloride-			
sod bicarbonate-sod			
chloride	75		
PEGANONE	20		
PEGASYS	48		
PEGINTRON	48		
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penicillamine	114		
penicillin g potassium	123		
PENICILLIN G POTASSIUM IN			
ISO-OSMOTIC			
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PENICILLIN G			
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penicillin v potassium	123		
pentazocine w/ naloxone hcl	9		
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PEPCID	128		
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phendimetrazine tartrate	1		
phenelzine sulfate	21		
PHENERGAN	29		
phenobarbital	74		
phenoxybenzamine hcl	31		
phentermine hcl	2		
PHENYTEK	20		
phenytoin	20		
phenytoin sodium	20		
phenytoin sodium extended	20		
PHEXXI	132		
PHOSLYRA	71		
PHOSPHOLINE IODIDE	120		
PHOTOFRIN	41		
PICATO	60		
PIFELTRO	47		
pilocarpine hcl	120		
pilocarpine hcl (oral)	116		
pimecrolimus	64		
pimozide	125		
pindolol	50		
pioglitazone hcl	24		
pioglitazone hcl-glimepiride	23		
pioglitazone hcl-metformin			
hcl	23		
PIP LANCETS/28G	86		
PIP LANCETS/30G	86		
piperacillin sodium-tazobactam			
sodium	123		
PIQRAY 200MG DAILY			
DOSE	40		
PIQRAY 250MG DAILY			
DOSE	40		
PIQRAY 300MG DAILY			
DOSE	40		

piroxicam.....	5	PRECISION SURE-DOSE INSULIN SYRINGE/0.3ML/30G X 5/16".....	104	PREFERRED PLUS INSULIN SYRINGE/U-100/1ML/29G X 1/2".....	104
PLAN B ONE-STEP.....	54	PRECISION SURE-DOSE INSULIN SYRINGE/0.5ML/28G X 1/2".....	104	PREFERRED PLUS INSULIN SYRINGE/U-100/1ML/30G X 5/16".....	104
PLAQUENIL.....	34	PRECISION SURE-DOSE INSULIN SYRINGE/0.5ML/29G X 1/2".....	104	PREFERRED PLUS LANCETS COLORED 21G.....	86
PLASMA-LYTE A.....	114	PRECISION SURE-DOSE INSULIN SYRINGE/0.5ML/30G X 3/8".....	104	PREFERRED PLUS LANCETS SUPER THIN 30G.....	86
PLASMA-LYTE-148.....	114	PRECISION SURE-DOSE INSULIN SYRINGE/1ML/28G X 1/2".....	104	PREFERRED PLUS LANCETS THIN 26G.....	86
PLAVIX.....	73	PRECISION SURE-DOSE PLUSINSULIN SYRINGE/0.3ML/29G X 1/2".....	104	pregabalin.....	19
PLEGISOL.....	51	PRECISION SURE-DOSE PLUSINSULIN SYRINGE/1ML/29G X 1/2".....	104	pregabalin (once-daily).....	125
PLEGRIDY.....	125	PRECISION THINS GP LANCET.....	86	PREGNYL W/DILUENT BENZYLALCOHOL/NACL.....	67
PLEGRIDY STARTER PACK.....	125	PRECISION XTRA.....	65	PREMARIN.....	70
PNEUMOVAX 23.....	129	PRECOSE.....	23	PREMIUM CONDOMS LUBRICATED.....	77
PNEUMOVAX 23/1 DOSE.....	129	PRED FORTE.....	121	PREMPHASE.....	69
podofilox.....	64	PRED MILD.....	121	PREMPRO.....	69
polymyxin b sulfate.....	12	PRED-G.....	121	PRENATAL.....	117
polymyxin b-trimethoprim.....	120	prednicarbate.....	63	PRENATAL LOW IRON.....	117
POLYTRIM.....	120	prednisolone.....	55	PRENATAL MULTIVITAMIN.....	117
POMALYST.....	38	prednisolone acetate (ophth).....	121	PRENATAL ONE DAILY.....	117
PORTRAZZA.....	37	prednisolone sodium phosphate.....	55	prenatal vit w/ ferrous fumarate- folic acid.....	117
potassium acetate.....	114	PREDNISOLONE SODIUM PHOSPHATE.....	121	PRENATAL VITAMIN.....	117
potassium bicarbonate.....	114	prednisone.....	55	PRENATAL VITAMIN & MINERAL.....	117
potassium chloride.....	114	PREFERRED PLUS INSULIN SYRINGE/U-100/0.3ML/29G X 1/2".....	104	PRENATAL VITAMIN/IRON.....	117
POTASSIUM CHLORIDE.....	114	PREFERRED PLUS INSULIN SYRINGE/U-100/0.3ML/30G X 5/16".....	104	PRENATAL VITAMINS.....	118
potassium chloride.....	114	PREFERRED PLUS INSULIN SYRINGE/U-100/0.5ML/28G X 1/2".....	104	PRENATAL VITAMINS PLUS LOW IRON.....	118
POTASSIUM CHLORIDE.....	114	PREFERRED PLUS INSULIN SYRINGE/U-100/0.5ML/29G X 1/2".....	104	PRENATRIX.....	118
potassium chloride.....	114	PREFERRED PLUS INSULIN SYRINGE/U-100/0.5ML/30G X 5/16".....	104	PRENATRYL.....	118
potassium chloride in dextrose.....	114	PRECISION SURE-DOSE PLUSINSULIN SYRINGE/U-100/1ML/28G X 1/2".....	104	PREPLUS.....	118
potassium chloride in dextrose & sodium chloride.....	114			PRESSURE ACTIVATED SAFETYLANCET 21G.....	86
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POTASSIUM CHLORIDE/SODIUM CHLORIDE.....	114			PREVNAR 20.....	129
potassium citrate (alkalinizer).....	71			PREZCOBIX.....	47
potassium phosphates.....	114			PREZISTA.....	47
POTELIGEO.....	37			PRIFTIN.....	34
pramipexole dihydrochloride.....	43			primaquine phosphate.....	34
prasugrel hcl.....	73			PRIMAQUINE PHOSPHATE.....	34
PRAVACHOL.....	30			PRIMAXIN IV.....	11
pravastatin sodium.....	30			primidone.....	19
praziquantel.....	10				
prazosin hcl.....	31				

PRINIVIL.....	30	promethazine hcl.....	29	QC UNILET LANCETS	
PRISTIQ.....	22	PROMETRIUM.....	124	28G/ULTRA THIN.....	86
PRO COMFORT INSULIN		propafenone hcl.....	13	QC UNILET LANCETS	
SYRINGES/0.5ML/30G X		proparacaine hcl.....	120	33G/MICRO THIN.....	86
1/2".....	104	propranolol hcl.....	50	QINLOCK.....	40
PRO COMFORT INSULIN		propylthiouracil.....	127	QUALAQUIN.....	34
SYRINGES/0.5ML/30G X		PROSCAR.....	72	QUARTETTE.....	54
5/16".....	104	PROTONIX.....	129	QUDEXY XR.....	19
PRO COMFORT INSULIN		PROTOPIC.....	64	QUESTRAN.....	29
SYRINGES/0.5ML/31G X		protriptyline hcl.....	23	QUESTRAN LIGHT.....	29
5/16".....	104	PROVENTIL HFA.....	15	quetiapine fumarate.....	44
PRO COMFORT INSULIN		PROVERA.....	124	quinapril hcl.....	30
SYRINGES/1ML/30G X		PROVIGIL.....	3	quinapril-hydrochlorothiazide	
1/2".....	104	PROZAC.....	22	32
PRO COMFORT INSULIN		PRUDOXIN.....	60	quinidine sulfate.....	13
SYRINGES/1ML/30G X		PSORCON.....	63	quinine sulfate.....	34
5/16".....	104	PSS SELECT GP		QVAR REDHALER.....	14
PROAIR HFA.....	15	LANCETS.....	86	RA E-ZJECT LANCETS 28G	87
probenecid.....	72	PSS SELECT SAFETY		RA E-ZJECT LANCETS THIN	
procainamide hcl.....	13	LANCETS.....	86	26G.....	87
PROCARDIA.....	50	PTS PANELS KETONE		RA E-ZJECT LANCETS THIN	
PROCARDIA XL.....	50	TEST.....	65	28G.....	87
prochlorperazine.....	45	PULMICORT.....	14	RA E-ZJECT LANCETS	
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PROCRIPT.....	73	PULMOZYME.....	126	RA INSULIN	
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PRODIGY CONTROL		LANCETS 21G.....	86	1/2".....	104
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PRODIGY INSULIN		DEVICE.....	86	100/0.5ML/30G X 5/16".....	105
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5/16".....	104	100/0.5ML/30G X 1/2".....	104	RA PRENATAL.....	118
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SYRINGE/1ML/28G X 1/2".....	104	INJECTOR.....	86	FORMULA/FOLICACID.....	118
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DEVICE.....	86	THIN.....	86	raloxifene hcl.....	67
PRODIGY PRESSURE		PX LANCETS ULTRA THIN		ramelteon.....	75
ACTIVATED SAFETY		28G.....	86	ramipril.....	30
LANCETS.....	86	PX PRENATAL		RANEXA.....	12
PRODIGY SAFETY		MULTIVITAMINS.....	118	ranitidine hcl.....	128
LANCETS.....	86	pyrazinamide.....	34	ranolazine.....	12
PRODIGY TWIST TOP		PYRIDIDIUM.....	72	RAPAFLO.....	72
LANCETS.....	86	pyridostigmine bromide.....	34	RAPAMUNE.....	115
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PROGLYCEM.....	24	QC ADVANCED LANCING		RAZADYNE.....	124
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PROLASTIN-C.....	126	QC LANCETS SUPER		READYLANCE SAFETY	
PROLEUKIN.....	41	THIN.....	86	LANCETS/21G/2.2MM.....	87
PROLIA.....	67	QC LANCETS ULTRA		READYLANCE SAFETY	
PROMACTA.....	73	THIN.....	86	LANCETS/23G/1.8MM.....	87
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REBIF.....	125	RENFLEXIS.....	71	RISPERDAL CONSTA.....	44
REBIF REBIDOSE.....	125	REVELA.....	71	risperidone.....	44
REBIF REBIDOSE TITRATIONPACK.....	125	repaglinide.....	25	RITALIN.....	3
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RECTIV.....	10	REQUIP XL.....	43	rivastigmine tartrate.....	124
REGLAN.....	70	RESECTISOL.....	71	rizatriptan benzoate.....	113
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RELION 2-IN-1 LANCING DEVICE 30G.....	87	RETIN-A MICRO.....	57	ROMIDEPSIN.....	40
RELION INSULIN SYRINGE 1ML/31GX15/64".....	105	RETIN-A MICRO PUMP.....	57	romidepsin.....	40
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RELION INSULIN SYRINGE/U-100/0.5ML/29G X 1/2".....	105	RETROVIR IV INFUSION.....	47	rosuvastatin calcium.....	30
RELION INSULIN SYRINGE/U-100/0.5ML/31G X 5/16".....	105	REVATIO.....	52	ROTARIX.....	131
RELION INSULIN SYRINGE/U-100/1ML/31G X 15/64".....	105	REVLIMID.....	115	ROTATEQ.....	131
RELION INSULIN SYRINGE/U-100/1ML/31G X 5/16".....	105	REXALL LANCETS ULTRA THIN.....	87	ROXICODONE.....	8
RELION KETONE TEST STRIPS.....	65	REXULTI.....	45	ROXYBOND.....	8
RELION LANCETS MICRO-THIN33G.....	87	REYATAZ.....	47	ROZEREM.....	75
		ribavirin (hepatitis c).....	48	ROZLYTREK.....	40
		RIDAURA.....	4	RUBRACA.....	40
		rifabutin.....	34	RUCONEST.....	72
		RIFADIN.....	34	rufinamide.....	19
		RIFAMATE.....	34	RUKOBIA.....	47
		rifampin.....	34	RUXIENCE.....	37
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SAFESNAP INSULIN SYRINGE/0.3ML/30G X 5/16".....	105	SB INSULIN SYRINGE/U-100/1ML/29G X 1/2".....	105	simvastatin.....	30
SAFESNAP INSULIN SYRINGE/0.5ML/29G X 1/2".....	105	SB INSULIN SYRINGE/U-100/1ML/30G X 5/16".....	105	SINEMET.....	43
SAFESNAP INSULIN SYRINGE/0.5ML/30G X 5/16".....	105	SB INSULIN SYRINGE/U-100/1ML/31G X 5/16".....	105	SINGLE-LET.....	88
SAFESNAP INSULIN SYRINGE/1ML/28G X 1/2".....	105	SB LANCETS THIN.....	87	SINGULAIR.....	14
SAFESNAP INSULIN SYRINGE/1ML/29G X 1/2".....	105	SB LANCETS ULTRA THIN.....	87	sirolimus.....	115
SAFETY INSULIN SYRINGES 0.5ML/29GX1/2".....	105	scopolamine.....	26	SIRTURO.....	34
SAFETY INSULIN SYRINGES 0.5ML/30GX5/16".....	105	SEASONIQUE.....	54	SIVEXTRO.....	12
SAFETY INSULIN SYRINGES 1ML/29GX1/2".....	105	SECURESAFE SAFETY INSULIN SYRINGES/U-100/0.5ML/29GX1/2".....	105	SKELAXIN.....	118
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SAFETY LANCET 21G/PRESSURE ACTIVATED.....	87	SELECT-LITE LANCING DEVICE.....	88	SKYRIZI.....	60
SAFETY LANCET 23G/PRESSURE ACTIVATED.....	87	selegiline hcl.....	43	SKYRIZI PEN.....	60
SAFETY LANCET 28G/PRESSURE ACTIVATED.....	87	selenium sulfide.....	61	SLO-NIACIN.....	133
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SAFETY LANCETS 28G.....	87	SENSIPAR.....	68	SM MICRO THIN LANCETS 33G.....	88
SAFETY LET LANCETS.....	87	SEREVENT DISKUS.....	15	SM PRENATAL VITAMINS.....	118
SAFYRAL.....	54	SEROQUEL.....	44,45	SM TRUEDRAW LANCING DEVICE.....	88
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SAMSCA.....	69	sevelamer carbonate.....	71	SMART SENSE STANDARD LANCETS UNIVERSAL 21G.....	88
SANDIMMUNE.....	115	SHINGRIX.....	131	SMART SENSE SUPER THIN LANCETS UNIVERSAL 30G.....	88
SANDOSTATIN.....	69	SHOPKO AUTOLET LANCING DEVICE.....	88	SMART SENSE THIN LANCETS UNIVERSAL 26G.....	88
SANDOSTATIN LAR DEPOT.....	69	SHOPKO ON-THE-GO COMFORTLANCETS 30G.....	88	SMARTEST LANCETS 28G.....	88
SANTYL.....	64	SHOPKO UNILET LANCETS SUPER THIN 30G.....	88	SODIUM ACETATE.....	113
SAPHRIS.....	44	SHOPKO UNILET LANCETS ULTRA THIN 28G.....	88	sodium acetate.....	113
sapropterin dihydrochloride.....	68	SHUR-SEAL.....	132	sodium chloride.....	114
		SIDE BUTTON SAFETY LANCET21G.....	88	sodium chloride (gu irrigant).....	72
		SIGNIFOR.....	69	sodium chloride (inhalant).....	56
		sildenafil citrate.....	51	sodium citrate & citric acid.....	71
		sildenafil citrate (pulmonary hypertension).....	52	sodium fluoride.....	114
		SILENOR.....	74	sodium phenylbutyrate.....	68
		silodosin.....	72	sodium polystyrene sulfonate.....	116
		SILVADENE.....	61	SOFOSBUVIR/VELPATASVIR.....	48
				solifenacin succinate.....	129
				SOLIRIS.....	72
				SOLOSEC.....	3
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SOLUS V2 CONTROL HIGH88		STROMECTOL.....10	SYRINGE/U-100/0.5ML/30G X
SOLUS V2 LANCING		SUBOXONE.....9	1/2".....106
DEVICE.....88		SUBSYS.....8	SURE COMFORT INSULIN
SOLUS V2 PRESSURE		SUCRAID.....65	SYRINGE/U-100/0.5ML/30G X
ACTIVATED SAFETY LANCETS		sucalfate.....128	5/16".....106
28G.....88		SULAR.....50	SURE COMFORT INSULIN
SOLUS V2 TWIST LANCETS		sulconazole nitrate.....59	SYRINGE/U-100/0.5ML/31G X
30G.....88		sulfacetamide sod-	5/16.....106
SOMA.....118		prednisolone.....121	SURE COMFORT INSULIN
SOMATULINE DEPOT.....69		sulfacetamide sodium	SYRINGE/U-100/1ML/28G X
SOMAVERT.....67		(acne).....57	1/2".....106
SOOLANTRA.....64		sulfacetamide sodium	SURE COMFORT INSULIN
SORBITOL.....72		(ophth).....120	SYRINGE/U-100/1ML/29G X
SORBITOL/MANNITOL		sulfacetamide sodium w/	1/2".....106
IRRIGATION.....72		sulfur.....57	SURE COMFORT INSULIN
SORIATANE.....60		sulfacetamide sodium-sulfur in	SYRINGE/U-100/1ML/30G X
sotalol hcl.....50		urea vehicle.....57	5/16".....106
sotalol hcl (afib/afib).....50		sulfadiazine.....126	SURE COMFORT INSULIN
spinosad.....65		sulfamethoxazole-trimethoprim	SYRINGE/U-100/1ML/31G X
SPIRIVA HANDIHALER.....14	11	5/16".....106
SPIRIVA RESPIMAT.....14		SULFAMYLLON.....61	SURE COMFORT LANCETS
spironolactone.....66		sulfasalazine.....71	18G.....88
spironolactone &		sulindac.....5	SURE COMFORT LANCETS
hydrochlorothiazide.....66		SUMADAN WASH.....57	21G.....88
SPORANOX.....28		sumatriptan.....113	SURE COMFORT LANCETS
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SPRAVATO 56MG DOSE...21		sumatriptan-naproxen	SURE COMFORT LANCETS
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STALEVO 125.....43		SUPER THIN LANCETS...88	SURE COMFORT LANCING
STALEVO 150.....43		SUPRAX.....53	PEN.....88
STALEVO 200.....43		SURE COMFORT INSULIN	SURE-JECT INSULIN
STALEVO 50.....43		SYRINGE/U-100/0.3ML/29G X	SYRINGE/U-100/0.3ML/29G X
STALEVO 75.....43		1/2".....105	1/2".....106
stannous fluoride.....116		SURE COMFORT INSULIN	SURE-JECT INSULIN
STARLIX.....25		SYRINGE/U-100/0.3ML/30G X	SYRINGE/U-100/0.3ML/30G X
stavudine.....47		5/16".....106	5/16".....106
STAVUDINE.....47		SURE COMFORT INSULIN	SURE-JECT INSULIN
STELARA.....61,71		SYRINGE/U-100/0.3ML/31G X	SYRINGE/U-100/0.3ML/31G X
STENDRA.....51		5/16.....106	5/16".....106
STERILANCE TL.....88		SURE COMFORT INSULIN	SURE-JECT INSULIN
STIMATE.....69		SYRINGE/U-100/0.3ML/31G X	SYRINGE/U-100/0.5ML/28G X
STIVARGA.....40		5/16".....106	1/2".....106
STRATTERA.....2		SURE COMFORT INSULIN	SURE-JECT INSULIN
streptomycin sulfate.....3		SYRINGE/U-100/0.5ML/28G X	SYRINGE/U-100/0.5ML/29G X
STRIBILD.....47		1/2".....106	1/2".....106
		SURE COMFORT INSULIN	SURE-JECT INSULIN
		SYRINGE/U-100/0.5ML/29G X	SYRINGE/U-100/0.5ML/30G X
		1/2".....106	5/16".....106
			SURE-JECT INSULIN
			SYRINGE/U-100/0.5ML/31G X
			5/16".....106

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SURE-JECT INSULIN SYRINGE/U-100/1ML/30G X 5/16".....	106	TALZENNA.....	40	TECHLITE INSULIN SYRINGEU- 100/1ML/31G X 15/64".....	107
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SURE-PEN.....	88	TARGADOX.....	127	TEGRETOL-XR.....	19
SURE-TOUCH LANCETS UNIVERSAL.....	88	TARGRETIN.....	41,60	TEGSEDI.....	126
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ULTICARE INSULIN SYRINGE/U-100/0.5ML/31G X 5/16".....	109	ULTILET INSULIN SYRINGE/1ML/31G X 8MM.....	110	ULTRA FLO INSULIN SYRINGE 0.5ML/30GX1/2".....	110
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ULTICARE INSULIN SYRINGEULTRAFINE U- 100/0.5ML/31G X 5/16".....	109	ULTILET INSULIN SYRINGE/SHORT/0.5ML/30G X 5/16".....	110	ULTRA FLO INSULIN SYRINGE 1/2 UNIT/0.3ML/30GX5/16".....	110
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ULTIGUARD SAFEPAK INSULIN SYRINGE 1ML 30G X 1/2"/SHARPS CON.....	109	ULTILET INSULIN SYRINGE/U-100/0.5ML/30G X 1/2".....	110	ULTRA FLO INSULIN SYRINGE 1ML/31GX5/16".....	110
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				ULTRA-THIN II INSULIN SYRINGE SHORT/U- 100/0.5ML/30GX5/16".....	111
				ULTRA-THIN II INSULIN SYRINGE SHORT/U- 100/0.5ML/31GX5/16".....	111
				ULTRA-THIN II INSULIN SYRINGE SHORT/U- 100/1ML/30GX5/16".....	111

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ULTRA-THIN II LANCETS 30G.....	89	UNISTIK PRO SAFETY LANCET 28G.....	89	VALUE PLUS LANCETS THIN 26G.....	90
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ULTRACARE INSULIN SYRINGE/U-100/0.3ML/31G X 5/16".....	111	UNISTIK SAFETY LANCETS 30G.....	90	VALUMARK LANCET SUPER THIN 30G.....	90
ULTRACARE INSULIN SYRINGE/U-100/0.5ML/30G X 1/2".....	111	UNISTIK TOUCH SAFETY LANCETS 21G.....	90	VALUMARK LANCET ULTRA THIN 28G.....	90
ULTRACARE INSULIN SYRINGE/U-100/0.5ML/30G X 5/16".....	111	UNISTIK TOUCH SAFETY LANCETS 23G.....	90	VANCOCIN.....	11
ULTRACARE INSULIN SYRINGE/U-100/0.5ML/31G X 5/16".....	111	UNISTIK TOUCH SAFETY LANCETS 28G.....	90	vancomycin hcl.....	11
ULTRACARE INSULIN SYRINGE/U-100/1ML/30G X 1/2".....	111	UNISTIK TOUCH SAFETY LANCETS 30G.....	90	VANCOMYCIN HYDROCHLORIDE.....	11
ULTRACARE INSULIN SYRINGE/U-100/1ML/30G X 5/16".....	111	UNISTRIIP CONTROL SOLUTIONHIGH.....	90	VANISHPOINT INSULIN SYRINGE/0.5ML/30G X 1/2".....	111
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ULTRACET.....	9	UNIVERSAL 1 LANCETS ULTRA THIN 30G.....	90	VANISHPOINT INSULIN SYRINGE/1ML/29G X 1/2".....	111
ULTRAM.....	8	UNIVERSAL 1 LANCETS/33G/MICRO-THIN	90	VANISHPOINT INSULIN SYRINGE/1ML/30G X 5/16".....	111
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UNASYN BULK PACK.....	123	UROCIT-K 10.....	71	VAQTA.....	132
UNILET COMFORTOUCH LANCET.....	89	UROXATRAL.....	72	varenicline tartrate.....	126
UNILET EXCELITE.....	89	URSO 250.....	70	VARIVAX.....	132
UNILET EXCELITE II.....	89	URSO FORTE.....	70	VARUBI.....	27
UNILET G.P. LANCET.....	89	ursodiol.....	70	VASCEPA.....	29
UNILET G.P. SUPERLITE LANCET.....	89	UTIBRON NEOHALER.....	15	VASERETIC.....	32
UNILET GP 28 ULTRA THIN.....	89	UVADEX.....	41	VASOTEC.....	30
UNILET LANCET.....	89	VAGIFEM.....	132	VAXNEUVANCE.....	129
UNILET LANCETS MICRO- THIN33G.....	89	valacyclovir hcl.....	49	VECAMEYL.....	33
UNILET LANCETS SUPER- THIN30G.....	89	VALCYTE.....	48	VECTIBIX.....	37
UNILET LANCETS ULTRA-THIN 28G.....	89	valganciclovir hcl.....	48	VECTICAL.....	61
		VALIUM.....	13	VELCADE.....	40
		valproate sodium.....	20	VELETRI.....	51
		valproic acid.....	20	VELPHORO.....	71
		valrubicin.....	39	VELTIN.....	58
		valsartan.....	31	VEMLIDY.....	48
		valsartan-hydrochlorothiazide	32	venlafaxine hcl.....	22,23
		VALSTAR.....	39	VENOFER.....	74
		VALTOCO.....	17	VENTAVIS.....	51
		VALTREX.....	49		

VENTOLIN HFA.....	15	VOSEVI.....	48	XARELTO STARTER PACK.....	16
verapamil hcl.....	51	VOTRIENT.....	40	XELJANZ.....	4
VEREGEN.....	58	VP INSULIN SYRINGE/U-100/0.3ML/29G X 1/2".....	111	XELJANZ XR.....	4
VERELAN.....	51	VUSION.....	59	XELODA.....	36
VERELAN PM.....	51	VYNDAMAX.....	52	XENAZINE.....	124
VERZENIO.....	40	VYNDAQEL.....	52	XEOMIN.....	119
VESICARE.....	129	VYTORIN.....	29	XGEVA.....	67
VFEND.....	28	VYVANSE.....	1	XIFAXAN.....	11
VIAGRA.....	51	VYXEOS.....	39	XIGDUO XR.....	24
VIBRAMYCIN.....	127	WALGREENS ADVANCED TRAVELLANCETS 28G.....	90	XIMINO.....	127
VICTOZA.....	24	WALGREENS COMFORT ASSURED LANCETS MICRO THIN/33G.....	90	XOLAIR.....	14
VIDA MIA AUTOLET LANCING DEVICE.....	90	WALGREENS COMFORT ASSURED LANCETS SUPER THIN/28G.....	90	XOPENEX.....	15
VIDA MIA UNILET LANCETS SUPER THIN 30G.....	90	WALGREENS LANCETS.....	90	XOPENEX CONCENTRATE.....	15
VIDA MIA UNILET LANCETS ULTRA THIN 28G.....	90	WALGREENS THIN LANCETS.....	90	XOPENEX HFA.....	15
VIDAZA.....	36	warfarin sodium.....	16	XOSPATA.....	40
VIDEX EC.....	48	water for irrigation, sterile.....	115	XPOVIO 100 MG ONCE WEEKLY.....	38
VIDEXPEDIATRIC.....	48	WELCHOL.....	29	XPOVIO 60 MG ONCE WEEKLY.....	38
vigabatrin.....	20	WELLBUTRIN SR.....	21	XPOVIO 80 MG ONCE WEEKLY.....	38
VIGAMOX.....	120	WELLBUTRIN XL.....	21	XPOVIO 80 MG TWICE WEEKLY.....	38
VIIBRYD.....	22	WESTAB PLUS.....	118	XTAMPZA ER.....	8
VIIBRYD STARTER PACK.....	22	WESTHROID.....	127	XTANDI.....	38
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