



FROM



arizona
complete health.

2020 Prescription Drug List

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Ambetter.AZcompletehealth.com

Formulary Introduction

FORMULARY

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

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

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

Drug List Key:

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

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

- Tier 0** - No copayment for those drugs that are used for prevention and are mandated by the Affordable Care Act. Select oral contraceptives, vitamin D, folic acid for women of child bearing age, over-the-counter (OTC) aspirin, and smoking cessation products may be covered under this tier. Certain age or gender limits apply.
- Tier 1** - Lowest copayment for those drugs that offer the greatest value compared to other drugs used to treat similar conditions. Select over-the-counter (OTC), generic or brand name drugs may be covered under this tier.
- Tier 2** - Medium copayment covers brand name drugs that are generally more affordable, or may be preferred compared to other drugs to treat the same conditions.
- Tier 3** - Highest copayment covers higher cost brand name drugs. This tier may also cover non-specialty drugs that are not on the Preferred Drug List but approval has been granted for coverage.
- Tier 4** - Coverage for this tier is for “specialty” drugs used to treat complex, chronic conditions that may require special handling, storage or clinical management. For members who do not have a Tier 4 plan, these drugs may be covered under Tier 3.
- Tier 6** - Coverage for this tier is for oncology or anti-cancer drugs. Cost-share is set to be equivalent to member's medical benefit cost-share.

Prior Authorization for Non-Formulary Drugs

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

Formulary Abbreviations:

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

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

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

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Drug Name	Drug Tier	Requirements/ Limits
<i>phentermine hcl caps</i>	1	PA
Anti-Obesity Agents		
BELVIQ TABS	3	PA
CONTRACE TB12	3	PA
Attention-Deficit/Hyperactivity Disorder (ADHD)		
<i>atomoxetine hcl caps 10 mg, 18 mg, 25 mg, 40 mg</i>	1	QL(2 ea daily); AL(At least 6 yrs old)
<i>atomoxetine hcl caps 100 mg, 60 mg, 80 mg</i>	1	QL(1 ea daily); AL(At least 6 yrs old)
<i>clonidine hcl (adhd) tb12</i>	1	
<i>guanfacine hcl (adhd) tb24</i>	1	QL(1 ea daily); AL(At least 6 yrs old)
INTUNIV TB24 (Use <i>guanfacine hcl (adhd)</i>)	NF	QL(1 ea daily); AL(At least 6 yrs old)
KAPVAY TB12 (Use <i>clonidine hcl (adhd)</i>)	NF	
STRATTERA CAPS 10 MG, 18 MG, 25 MG, 40 MG (Use <i>atomoxetine hcl</i>)	NF	QL(2 ea daily); AL(At least 6 yrs old)
STRATTERA CAPS 100 MG, 60 MG, 80 MG (Use <i>atomoxetine hcl</i>)	NF	QL(1 ea daily); AL(At least 6 yrs old)
Dopamine and Norepinephrine Reuptake		
SUNOSI TABS	3	PA
Stimulants - Misc.		
<i>armodafinil tabs</i>	1	PA; QL(1 ea daily); AL(At least 17 yrs old)
CONCERTA TBCR 18 MG, 27 MG (Use <i>methylphenidate hcl</i>)	NF	QL(1 ea daily); AL(At least 6 yrs old)
CONCERTA TBCR 36 MG, 54 MG (Use <i>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 25 mg, 35 mg, 40 mg, 10 mg, 15 mg, 20 mg, 30 mg, 5 mg</i>	1	QL(1 ea daily)
<i>dexmethylphenidate hcl tabs 10 mg, 2.5 mg, 5 mg</i>	1	QL(2 ea daily); AL(At least 6 yrs old)
FOCALIN TABS (Use <i>dexmethylphenidate hcl</i>)	NF	QL(2 ea daily); AL(At least 6 yrs old)
FOCALIN XR CP24 (Use <i>dexmethylphenidate hcl</i>)	NF	QL(1 ea daily)
METHYLIN SOLN (Use <i>methylphenidate hcl</i>)	NF	QL(30 ml daily); AL(At least 6 yrs old)
<i>methylphenidate hcl cp24 20 mg, 40 mg</i>	1	AL(At least 6 yrs old)
<i>methylphenidate hcl cp24 30 mg</i>	1	QL(3 ea daily); AL(At least 6 yrs old)
<i>methylphenidate hcl cpcr 40 mg, 10 mg, 20 mg, 30 mg, 50 mg, 60 mg</i>	1	QL(1 ea daily); AL(At least 6 yrs old)
<i>methylphenidate hcl soln 10 mg/5ml, 5 mg/5ml</i>	1	QL(30 ml daily); AL(At least 6 yrs old)
<i>methylphenidate hcl tabs 20 mg, 10 mg</i>	1	QL(5 ea daily); AL(At least 6 yrs old)
<i>methylphenidate hcl tabs 5 mg</i>	1	QL(6 ea daily); AL(At least 6 yrs old)
<i>methylphenidate hcl tbcR 10 mg, 20 mg</i>	1	QL(3 ea daily); AL(At least 6 yrs old)
<i>methylphenidate hcl tbcR 18 mg, 27 mg</i>	1	QL(1 ea daily); AL(At least 6 yrs old)
<i>methylphenidate hcl tbcR 36 mg, 54 mg</i>	1	QL(2 ea daily); AL(At least 6 yrs old)
<i>modafinil tabs 100 mg</i>	1	PA; QL(1 ea daily); AL(At least 16 yrs old)

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

Drug Name	Drug Tier	Requirements/ Limits
ARIKAYCE SUSP	4	PA
<i>gentamicin in saline soln 0.8 mg/ml-0.9 %, 0.9 %-1 mg/ml, 0.9 %-1.2 mg/ml, 0.9 %-1.6 mg/ml</i>	1	
<i>gentamicin sulfate soln 40 mg/ml</i>	1	
KITABIS PAK NEBU (<i>Use tobramycin</i>)	NF	PA
<i>neomycin sulfate tabs</i>	1	
<i>paromomycin sulfate caps</i>	1	
<i>streptomycin sulfate solr</i>	3	
TOBI NEBU (<i>Use tobramycin</i>)	NF	PA
<i>tobramycin nebu 300 mg/5ml</i>	4	PA
<i>tobramycin sulfate soln 10 mg/ml, 40 mg/ml, 80 mg/2ml</i>	1	
ANALGESICS - ANTI-INFLAMMATORY - Drugs to Treat Pain, Swelling, Muscle and Joint Conditions		
Anti-TNF-alpha - Monoclonal Antibodies		
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK PSKT 40 MG/0.8ML	4	PA; QL(0.143 ea daily)
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK PSKT 80 MG/0.8ML,	4	PA; 1 rtl pack lmt amt, 180 rtl pack lmt day(s), 1 mail pack lmt amt, 180 mail pack lmt day(s),
HUMIRA PEN PNKT	4	PA; QL(0.143 ea daily, 30 ea per fill retail, 30 ea per fill mail)
HUMIRA PEN-CD/UC/HS STARTER PNKT 40 MG/0.8ML	4	PA; QL(0.143 ea daily, 30 ea per fill retail, 30 ea per fill mail)

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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-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,30 ea per fill retail,30 ea per fill mail)
HUMIRA PSKT	4	PA; QL(0.143 ea daily)
SIMPONI ARIA SOLN	4	PA; MP
SIMPONI SOAJ 100 MG/ML	4	PA; QL(0.357 ml daily); SP
SIMPONI SOAJ 50 MG/0.5ML	4	PA; QL(0.0179 ml daily); SP
SIMPONI SOSY 100 MG/ML	4	PA; QL(0.357 ml daily); SP
SIMPONI SOSY 50 MG/0.5ML	4	PA; QL(0.0179 ml daily); SP
Antirheumatic - Enzyme Inhibitors		
OLUMIANT TABS 1 MG	4	PA
OLUMIANT TABS 2 MG	4	PA; MP
RINVOQ TB24	4	PA
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		

Drug Name	Drug Tier	Requirements/ Limits
METHOTREXATE TABS	6	PA; QL(1.714 ea daily); SP
Gold Compounds		
RIDAURA CAPS	3	QL(3 ea daily)
Interleukin-1 Blockers		
ARCALYST SOLR	4	PA; QL(0.286 ea daily); SP
Interleukin-1 Receptor Antagonist (IL-1Ra)		
KINERET SOSY	4	PA; SP
Interleukin-1beta Blockers		
ILARIS SOLN	4	PA
Interleukin-6 Receptor Inhibitors		
ACTEMRA SOLN IV 200 MG/10ML, 400 MG/20ML, 80 MG/4ML	4	PA; SP
ACTEMRA SOSY SC 162 MG/0.9ML	4	PA; QL(0.129 ml daily); SP
KEVZARA SOAJ 150 MG/1.14ML, 200 MG/1.14ML	4	PA; MP
KEVZARA SOSY 150 MG/1.14ML, 200 MG/1.14ML	4	PA
Nonsteroidal Anti-inflammatory Agents (NSAIDs)		
ANAPROX DS TABS (<i>Use naproxen sodium</i>)	NF	
ARTHROTEC 50 TBEC (<i>Use diclofenac w/ misoprostol</i>)	NF	
ARTHROTEC 75 TBEC (<i>Use diclofenac w/ misoprostol</i>)	NF	
CELEBREX CAPS (<i>Use celecoxib</i>)	NF	PA
<i>celecoxib caps</i>	1	PA
CHILDRENS ADVIL SUSP (<i>Use ibuprofen</i>)	NF	RX/OTC
CHILDRENS MOTRIN SUSP (<i>Use ibuprofen</i>)	NF	RX/OTC
DAYPRO TABS (<i>Use oxaprozin</i>)	NF	

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Drug Name	Drug Tier	Requirements/ Limits
<i>diclofenac potassium tabs</i>	1	
<i>diclofenac sodium tb24</i>	1	
<i>diclofenac sodium tbec</i>	1	
<i>diclofenac w/ misoprostol tbec</i>	1	
EC-NAPROSYN TBEC 500 MG (Use naproxen)	NF	
<i>etodolac caps 200 mg, 300 mg</i>	1	
<i>etodolac tabs 400 mg, 500 mg</i>	1	
FELDENE CAPS (Use piroxicam)	NF	
<i>fenoprofen calcium tabs 600 mg</i>	1	ST; QL(4 ea daily)
<i>flurbiprofen tabs 50 mg, 100 mg</i>	1	
<i>ibuprofen susp 100 mg/5ml</i>	1	RX/OTC
<i>ibuprofen tabs 400 mg, 600 mg, 800 mg</i>	1	
<i>indomethacin caps 25 mg, 50 mg</i>	1	
<i>indomethacin cpcr 75 mg</i>	1	
<i>ketoprofen caps 50 mg, 75 mg</i>	1	
<i>ketorolac tromethamine tabs or 10 mg</i>	1	QL(0.667 ea daily)
LODINE TABS (Use etodolac)	NF	
<i>meclofenamate sodium caps</i>	1	
<i>mefenamic acid caps</i>	1	ST; QL(6 ea daily)
<i>meloxicam tabs</i>	1	QL(1 ea daily)
MOBIC TABS (Use meloxicam)	NF	QL(1 ea daily)
<i>nabumetone tabs</i>	1	
NALFON TABS 600 MG (Use fenoprofen calcium)	NF	ST; QL(4 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
NAPROSYN SUSP 125 MG/5ML (Use naproxen)	NF	PA
NAPROSYN TABS 500 MG (Use naproxen)	NF	
<i>naproxen sodium tabs 550 mg</i>	1	
<i>naproxen susp 125 mg/5ml</i>	1	PA
<i>naproxen tabs 250 mg, 375 mg, 500 mg</i>	1	
<i>naproxen tbec 500 mg</i>	1	
<i>oxaprozin tabs</i>	1	
<i>piroxicam caps</i>	1	
<i>sulindac tabs</i>	1	
<i>tolmetin sodium caps</i>	1	
<i>tolmetin sodium tabs</i>	1	
Phosphodiesterase 4 (PDE4) Inhibitors		
OTEZLA TABS	4	PA; QL(2 ea daily)
OTEZLA TBPK	4	PA
Pyrimidine Synthesis Inhibitors		
ARAVA TABS (Use leflunomide)	NF	QL(1 ea daily)
<i>leflunomide tabs</i>	1	QL(1 ea daily)
Selective Costimulation Modulators		
ORENCIA CLICKJECT SOAJ	4	PA
ORENCIA SOLR IV 250 MG	4	PA; SP
ORENCIA SOSY SC 125 MG/ML	4	PA; QL(0.143 ml daily); SP
ORENCIA SOSY SC 50 MG/0.4ML, 87.5 MG/0.7ML	4	PA; QL(0.143 ml daily)
Soluble Tumor Necrosis Factor Receptor Agents		
ENBREL MINI SOCT	4	PA;
ENBREL SOLR 25 MG	4	PA; QL(0.286 ea daily); SP

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Drug Name	Drug Tier	Requirements/ Limits
ENBREL SOSY 25 MG/0.5ML	4	PA; QL(0.146 ml daily); SP
ENBREL SOSY 50 MG/ML	4	PA; QL(0.28 ml daily); SP
ENBREL SURECLICK SOAJ	4	PA; QL(0.143 ml daily); SP
ANALGESICS - NonNarcotic - Drugs to Treat Pain, Muscle and Joint Conditions		
Analgesic Combinations		
<i>butalbital-acetaminophen tabs 325 mg-50 mg</i>	1	
<i>butalbital-acetaminophen-caffeine caps 300 mg-40 mg-50 mg, 325 mg-40 mg-50 mg</i>	1	
<i>butalbital-acetaminophen-caffeine tabs 325 mg-40 mg-50 mg</i>	1	
<i>butalbital-aspirin-caffeine caps</i>	1	
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 81 mg</i>	0	AL(At least 45 yrs old - Up to 79 yrs old)
<i>aspirin tabs 325 mg</i>	0	AL(At least 45 yrs old - Up to 79 yrs old)
<i>aspirin tbec 324 mg, 325 mg</i>	1	
<i>aspirin tbec 81 mg</i>	0	AL(At least 45 yrs old - Up to 79 yrs old)
<i>diflunisal tabs</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
ECOTRIN REGULAR STRENGTH TBEC (<i>Use aspirin</i>)	NF	
ECOTRIN TBEC (<i>Use aspirin</i>)	NF	
<i>salsalate tabs</i>	1	
ANALGESICS - OPIOID - Drugs to Treat Pain, Muscle and Joint Conditions		
Opioid Agonists		
ACTIQ LPOP (<i>Use fentanyl citrate</i>)	NF	PA; QL(4 ea daily)
CODEINE SULFATE TABS 15 MG, 60 MG	1	New starts limited to 7 day supply
CODEINE SULFATE TABS 30 MG (<i>Use codeine sulfate</i>)	1	New starts limited to 7 day supply
<i>codeine sulfate tabs 30 mg, 60 mg</i>	1	New starts limited to 7 day supply
CONZIP CP24 (<i>Use tramadol hcl</i>)	NF	
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)
DOLOPHINE TABS 10 MG (<i>Use methadone hcl</i>)	NF	QL(10 ea daily)
DOLOPHINE TABS 5 MG (<i>Use methadone hcl</i>)	NF	QL(4 ea daily)
DURAGESIC PT72 (<i>Use fentanyl</i>)	NF	QL(0.34 ea daily)
EMBEDA CPCR	3	PA; QL(2 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
EXALGO TB24 12 MG, 16 MG, 8 MG (Use hydromorphone hcl)	NF	PA; QL(2 ea daily)
EXALGO TB24 32 MG (Use hydromorphone hcl)	NF	PA; QL(1 ea daily)
fentanyl citrate lpop bu 1200 mcg, 1600 mcg, 200 mcg, 400 mcg, 600 mcg, 800 mcg	1	PA; QL(4 ea daily)
fentanyl pt72 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr	1	QL(0.34 ea daily)
FENTORA TABS (Use fentanyl citrate)	NF	
hydrocodone bitartrate cp12	1	PA; QL(2 ea daily)
hydromorphone hcl liqd or 1 mg/ml	1	New starts limited to 7 day supply
hydromorphone hcl soln ij 10 mg/ml, 50 mg/5ml, 500 mg/50ml	1	
hydromorphone hcl tabs or 2 mg, 4 mg, 8 mg	1	New starts limited to 7 day supply; QL(8 ea daily)
hydromorphone hcl tb24 or 12 mg, 16 mg, 8 mg	1	PA; QL(2 ea daily)
hydromorphone hcl tb24 or 32 mg	1	PA; QL(1 ea daily)
HYDROMORPHONE HYDROCHLORIDE SOLN IJ 10 MG/ML (Use hydromorphone hcl)	NF	
KADIAN CP24 100 MG, 20 MG, 30 MG, 50 MG, 60 MG, 80 MG (Use morphine sulfate)	NF	PA; QL(2 ea daily)
levorphanol tartrate tabs 2 mg	1	New starts limited to 7 day supply
meperidine hcl soln ij 100 mg/ml, 25 mg/ml, 50 mg/ml	1	
meperidine hcl soln or 50 mg/5ml	1	New starts limited to 7 day supply; QL(500 ml per fill retail)

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

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Drug Name	Drug Tier	Requirements/ Limits
<i>morphine sulfate tabs or 15 mg, 30 mg</i>	1	New starts limited to 7 day supply; QL(6 ea daily)
<i>morphine sulfate tbcrr or 100 mg, 15 mg, 200 mg, 30 mg, 60 mg</i>	1	QL(2 ea daily)
MS CONTIN TBCR (Use <i>morphine sulfate</i>)	NF	QL(2 ea daily)
NUCYNTA ER TB12	2	PA; QL(2 ea daily)
NUCYNTA TABS	2	PA; QL(6 ea daily)
OPANA TABS (Use <i>oxymorphone hcl</i>)	NF	PA; QL(12 ea daily)
OXAYDO TABS 5 MG	2	New starts limited to 7 day supply; QL(12 ea daily)
<i>oxycodone hcl t12a 15 mg, 30 mg, 60 mg, 10 mg, 20 mg, 80 mg, 40 mg</i>	3	PA; QL(2 ea daily)
<i>oxycodone hcl tabs 10 mg, 20 mg, 15 mg, 30 mg, 5 mg</i>	1	New starts limited to 7 day supply; QL(12 ea daily)
OXYCONTIN T12A	3	PA; QL(2 ea daily)
<i>oxymorphone hcl tabs 10 mg, 5 mg</i>	1	PA; QL(12 ea daily)
<i>oxymorphone hcl tb12 10 mg, 15 mg, 20 mg, 30 mg, 5 mg, 7.5 mg</i>	1	PA; QL(2 ea daily)
<i>oxymorphone hcl tb12 40 mg</i>	1	PA; QL(4 ea daily)
ROXICODONE TABS (Use <i>oxycodone hcl</i>)	NF	New starts limited to 7 day supply; QL(12 ea daily)
SUBSYS LIQD	3	PA
<i>tramadol hcl tabs 50 mg</i>	1	New starts limited to 7 day supply; QL(8 ea daily)
<i>tramadol hcl tb24 100 mg, 200 mg, 300 mg</i>	1	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
ULTRAM TABS (Use <i>tramadol hcl</i>)	NF	New starts limited to 7 day supply; QL(8 ea daily)
XTAMPZA ER C12A	2	PA
ZOHYDRO ER CP12 (Use <i>hydrocodone bitartrate</i>)	3	PA; QL(2 ea daily)
Opioid Combinations		
<i>acetaminophen w/ codeine soln 12 mg/5ml-120 mg/5ml</i>	1	New starts limited to 7 day supply; QL(75 ml daily)
<i>acetaminophen w/ codeine tabs 15 mg-300 mg</i>	1	New starts limited to 7 day supply; QL(13 ea daily)
<i>acetaminophen w/ codeine tabs 30 mg-300 mg</i>	1	New starts limited to 7 day supply; QL(12 ea daily)
<i>acetaminophen w/ codeine tabs 300 mg-60 mg</i>	1	New starts limited to 7 day supply; QL(6 ea daily)
<i>acetaminophen-caff-dihydrocod caps 16 mg-30 mg-320.5 mg</i>	1	New starts limited to 7 day supply
<i>acetaminophen-caff-dihydrocod caps 16 mg-30 mg-320.5 mg</i>	3	PA; New starts limited to 7 day supply
<i>butalbital-acetaminophen-cafeine w/ codeine caps 30 mg-300 mg-40 mg-50 mg</i>	1	New starts limited to 7 day supply
<i>butalbital-acetaminophen-cafeine w/ codeine caps 30 mg-325 mg-40 mg-50 mg</i>	1	New starts limited to 7 day supply; QL(6 ea daily)
<i>butalbital-aspirin-cafeine w/cod caps</i>	1	New starts limited to 7 day supply; QL(6 ea daily)
FIORICET/CODEINE CAPS (Use <i>butalbital-acetaminophen-cafeine w/ codeine</i>)	NF	New starts limited to 7 day supply

Drug Name	Drug Tier	Requirements/ Limits
FIORINAL/CODEINE #3 CAPS (<i>Use butalbital-aspirin-caffeine w/cod</i>)	NF	New starts limited to 7 day supply; QL(6 ea daily)
HYDROCODONE BITARTRATE/ACETAMINOPHEN SOLN	1	New starts limited to 7 day supply
<i>hydrocodone-acetaminophen soln 108 mg/5ml-2.5 mg/5ml, 217 mg/10ml-5 mg/10ml, 325 mg/15ml-7.5 mg/15ml</i>	1	New starts limited to 7 day supply; QL(180 ml daily)
<i>hydrocodone-acetaminophen tabs 10 mg-300 mg, 300 mg-5 mg, 300 mg-7.5 mg</i>	1	New starts limited to 7 day supply; QL(13 ea daily)
<i>hydrocodone-acetaminophen tabs 10 mg-325 mg, 325 mg-5 mg, 325 mg-7.5 mg</i>	1	New starts limited to 7 day supply; QL(12 ea daily)
<i>hydrocodone-ibuprofen tabs 10 mg-200 mg, 200 mg-5 mg</i>	1	PA
<i>hydrocodone-ibuprofen tabs 200 mg-7.5 mg</i>	1	New starts limited to 7 day supply; QL(5 ea daily)
LORTAB ELIX	2	New starts limited to 7 day supply
NORCO TABS (<i>Use hydrocodone-acetaminophen</i>)	NF	New starts limited to 7 day supply; QL(12 ea daily)
<i>oxycodone w/ acetaminophen tabs 10 mg-325 mg, 325 mg-5 mg, 325 mg-7.5 mg</i>	1	New starts limited to 7 day supply; QL(12 ea daily)
<i>oxycodone-ibuprofen tabs</i>	1	New starts limited to 7 day supply; QL(1 ea daily)
PERCOCET TABS 10 MG-325 MG, 325 MG-5 MG, 325 MG-7.5 MG (<i>Use oxycodone w/ acetaminophen</i>)	NF	New starts limited to 7 day supply; QL(12 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
ROXICET SOLN	2	New starts limited to 7 day supply
<i>tramadol-acetaminophen tabs</i>	1	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)
TYLENOL/CODEINE #4 TABS (<i>Use acetaminophen w/ codeine</i>)	NF	New starts limited to 7 day supply; QL(6 ea daily)
ULTRACET TABS (<i>Use tramadol-acetaminophen</i>)	NF	New starts limited to 7 day supply; QL(8 ea daily)
Opioid Partial Agonists		
BUNAVAIL FILM	3	PA
BUPRENEX SOLN (<i>Use buprenorphine hcl</i>)	NF	
<i>buprenorphine hcl soln ij 0.3 mg/ml</i>	1	
<i>buprenorphine hcl subl sl 2 mg, 8 mg</i>	1	QL(3 ea daily)
<i>buprenorphine hcl-naloxone hcl dihydrate film 0.5 mg-2 mg, 1 mg-4 mg</i>	1	PA; QL(3 ea daily)
<i>buprenorphine hcl-naloxone hcl dihydrate film 12 mg-3 mg, 2 mg-8 mg</i>	1	PA; QL(2 ea daily)
<i>buprenorphine hcl-naloxone hcl dihydrate subl 0.5 mg-2 mg, 2 mg-8 mg</i>	1	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>	1	PA; QL(0.143 ea daily)
<i>butorphanol tartrate soln ij 1 mg/ml, 2 mg/ml</i>	1	
<i>butorphanol tartrate soln na 10 mg/ml</i>	1	PA

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Drug Name	Drug Tier	Requirements/ Limits
BUTRANS PTWK 10 MCG/HR, 15 MCG/HR, 20 MCG/HR, 5 MCG/HR (<i>Use buprenorphine</i>)	NF	PA; QL(0.143 ea daily)
BUTRANS PTWK 7.5 MCG/HR (<i>Use buprenorphine</i>)	3	PA; QL(0.143 ea daily)
<i>nalbuphine hcl soln</i>	1	QL(8 ml daily)
<i>pentazocine w/ naloxone tabs</i>	1	New starts limited to 7 day supply
SUBOXONE FILM 0.5 MG-2 MG, 1 MG-4 MG (<i>Use buprenorphine hcl-naloxone hcl dihydrate</i>)	NF	PA; QL(3 ea daily)
SUBOXONE FILM 12 MG-3 MG, 2 MG-8 MG (<i>Use buprenorphine hcl-naloxone hcl dihydrate</i>)	NF	PA; QL(2 ea daily)
ANDROGENS-ANABOLIC - Drugs to Regulate Hormones		
Anabolic Steroids		
ANADROL-50 TABS	3	
<i>oxandrolone tabs</i>	1	
Androgens		
ANDRODERM PT24	2	PA; QL(1 ea daily)
ANDROGEL GEL 25 MG/2.5GM, 50 MG/5GM (<i>Use testosterone</i>)	NF	
<i>danazol caps</i>	1	
DEPO-TESTOSTERONE SOLN (<i>Use testosterone cypionate</i>)	NF	
METHITEST TABS	3	
TESTIM GEL (<i>Use testosterone</i>)	NF	
TESTOSTERONE CYPIONATE SOLN IJ 200 MG/ML	1	
<i>testosterone cypionate soln ij 200 mg/ml</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
<i>testosterone cypionate soln im 100 mg/ml, 200 mg/ml</i>	1	
<i>testosterone enanthate soln im</i>	1	
VOGELXO GEL (<i>Use testosterone</i>)	NF	
VOGELXO PUMP GEL (<i>Use testosterone</i>)	NF	
ANORECTAL AND RELATED PRODUCTS - Rectal Drugs to Treat Pain, Swelling and Itching		
Intrarectal Steroids		
CORTENEMA ENEM (<i>Use hydrocortisone (intrarectal)</i>)	NF	
<i>hydrocortisone (intrarectal) enem</i>	1	
UCERIS FOAM RE 2 MG/ACT	4	PA
Rectal Steroids		
ANUSOL-HC CREA (<i>Use hydrocortisone (rectal)</i>)	NF	
<i>hydrocortisone (rectal) crea</i>	1	
<i>hydrocortisone acetate (rectal) supp</i>	1	
PROCTOCORT CREA (<i>Use hydrocortisone (rectal)</i>)	NF	
PROCTOCORT SUPP (<i>Use hydrocortisone acetate (rectal)</i>)	NF	
Vasodilating Agents		
RECTIV OINT	3	
ANTHELMINTICS - Drugs to Treat Worm Infections		
Anthelmintics		
<i>albendazole tabs</i>	1	PA
ALBENZA TABS (<i>Use albendazole</i>)	NF	PA
BILTRICIDE TABS (<i>Use praziquantel</i>)	NF	PA

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Drug Name	Drug Tier	Requirements/ Limits
EMVERM CHEW	2	QL(2 ea daily,6 ea per fill retail)1 rtl MAX fill,60 rtl day(s) supply,
<i>ivermectin tabs</i>	1	
<i>praziquantel tabs</i>	1	PA
STROMECTOL TABS (<i>Use ivermectin</i>)	NF	
ANTI-INFECTIVE AGENTS - MISC. - Drugs to Treat Bacterial Infections		
Anti-infective Agents - Misc.		
<i>bacitracin solr</i>	3	
FLAGYL TABS 500 MG (<i>Use metronidazole</i>)	NF	
IMPAVIDO CAPS	3	PA; QL(3 ea daily)
<i>metronidazole tabs or 250 mg, 500 mg</i>	1	
NEBUPENT SOLR (<i>Use pentamidine isethionate</i>)	3	
PENTAM 300 SOLR (<i>Use pentamidine isethionate</i>)	3	
<i>pentamidine isethionate solr</i>	1	
<i>trimethoprim tabs</i>	1	
<i>vancomycin hcl solr iv 1000 mg</i>	1	
XIFAXAN TABS	3	PA; AL(At least 12 yrs old)
Anti-infective Misc. - Combinations		
BACTRIM DS TABS (<i>Use sulfamethoxazole-trimethoprim</i>)	NF	
BACTRIM TABS (<i>Use sulfamethoxazole-trimethoprim</i>)	NF	
<i>sulfamethoxazole-trimethoprim soln</i>	1	
<i>sulfamethoxazole-trimethoprim susp</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
<i>sulfamethoxazole-trimethoprim tabs</i>	1	
Antiprotozoal Agents		
ALINIA SUSR	2	
ALINIA TABS	2	
<i>atovaquone susp</i>	1	
MEPRON SUSP (<i>Use atovaquone</i>)	NF	
Carbapenems		
<i>ertapenem sodium solr</i>	1	
<i>imipenem-cilastatin solr</i>	1	
INVANZ SOLR (<i>Use ertapenem sodium</i>)	NF	
<i>meropenem solr</i>	1	
MERREM SOLR (<i>Use meropenem</i>)	NF	
PRIMAXIN IV SOLR (<i>Use imipenem-cilastatin</i>)	NF	
Chloramphenicols		
<i>chloramphenicol sodium succinate solr</i>	4	PA; SP
Cyclic Lipopeptides		
CUBICIN RF SOLR (<i>Use daptomycin</i>)	NF	
CUBICIN SOLR (<i>Use daptomycin</i>)	NF	
DAPTOMYCIN SOLR 350 MG (<i>Use daptomycin</i>)	NF	
<i>daptomycin solr 500 mg</i>	1	
Glycopeptides		
FIRVANQ SOLR	2	QL(300 ml per fill retail)
VANCOCIN CAPS (<i>Use vancomycin hcl</i>)	NF	QL(4 ea daily,40 ea per fill retail)
VANCOCIN HCL CAPS (<i>Use vancomycin hcl</i>)	NF	QL(4 ea daily,40 ea per fill retail)

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Drug Name	Drug Tier	Requirements/ Limits
<i>vancomycin hcl caps or 125 mg, 250 mg</i>	1	QL(4 ea daily, 40 ea per fill retail)
VANCOMYCIN HYDROCHLORIDE SOLR OR 250 MG/5ML	2	QL(300 ml per fill retail)
Leprostatics		
<i>dapsone tabs or 100 mg, 25 mg</i>	1	
Lincosamides		
CLEOCIN CAPS OR 75 MG, 150 MG, 300 MG (<i>Use clindamycin hcl</i>)	NF	
CLEOCIN PEDIATRIC GRANULES SOLR (<i>Use clindamycin palmitate hydrochloride</i>)	NF	
CLEOCIN PHOSPHATE SOLN IJ 300 MG/2ML, 600 MG/4ML, 900 MG/6ML, 9 GM/60ML (<i>Use clindamycin phosphate</i>)	NF	
<i>clindamycin hcl caps</i>	1	
<i>clindamycin palmitate hydrochloride solr</i>	1	
<i>clindamycin phosphate soln</i>	1	
LINCOCIN SOLN (<i>Use lincomycin hcl</i>)	NF	
<i>lincomycin hcl soln</i>	1	
Monobactams		
AZACTAM SOLR (<i>Use aztreonam</i>)	NF	
<i>aztreonam solr</i>	1	
Oxazolidinones		
<i>linezolid susr or 100 mg/5ml</i>	1	
<i>linezolid tabs or 600 mg</i>	1	PA; QL(2 ea daily)
SIVEXTRO TABS OR	3	PA
ZYVOX SUSR OR 100 MG/5ML (<i>Use linezolid</i>)	NF	

Drug Name	Drug Tier	Requirements/ Limits
ZYVOX TABS OR 600 MG (<i>Use linezolid</i>)	NF	PA; QL(2 ea daily)
Polymyxins		
<i>polymyxin b sulfate solr</i>	1	
Urinary Anti-infectives		
<i>fosfomycin tromethamine pack</i>	1	
FURADANTIN SUSP (<i>Use nitrofurantoin</i>)	NF	
HIPREX TABS (<i>Use methenamine hippurate</i>)	NF	
MACROBID CAPS (<i>Use nitrofurantoin monohyd macro</i>)	NF	
MACRODANTIN CAPS 100 MG, 50 MG (<i>Use nitrofurantoin macrocrystal</i>)	NF	
<i>methenamine hippurate tabs</i>	1	
MONUROL PACK (<i>Use fosfomycin tromethamine</i>)	3	
<i>nitrofurantoin macrocrystal caps 100 mg, 50 mg</i>	1	
<i>nitrofurantoin monohyd macro caps</i>	1	
<i>nitrofurantoin susp</i>	1	
ANTIANGINAL AGENTS - Drugs to Treat Chest Pain		
Antianginals-Other		
RANEXA TB12 1000 MG (<i>Use ranolazine</i>)	NF	QL(2 ea daily)
RANEXA TB12 500 MG (<i>Use ranolazine</i>)	2	QL(3 ea daily)
<i>ranolazine tb12 1000 mg</i>	1	QL(2 ea daily)
<i>ranolazine tb12 500 mg</i>	1	QL(3 ea daily)
Nitrates		
ISORDIL TITRADOSE TABS 5 MG (<i>Use isosorbide dinitrate</i>)	NF	
<i>isosorbide dinitrate tabs 30 mg, 10 mg, 20 mg, 5 mg</i>	1	

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Drug Name	Drug Tier	Requirements/ Limits
<i>isosorbide dinitrate tbc 40 mg</i>	1	
<i>isosorbide mononitrate tabs</i>	1	
<i>isosorbide mononitrate tb24</i>	1	
NITRO-BID OINT	3	
NITRO-DUR PT24 0.1 MG/HR, 0.2 MG/HR, 0.4 MG/HR, 0.6 MG/HR (Use nitroglycerin)	NF	
<i>nitroglycerin cpcr or 2.5 mg, 6.5 mg, 9 mg</i>	1	QL(4 ea daily)
<i>nitroglycerin pt24 td 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr</i>	1	
NITROGLYCERIN SOLN IV 5 MG/ML	1	
<i>nitroglycerin subl sl 0.3 mg, 0.4 mg, 0.6 mg</i>	1	
NITROSTAT SUBL (Use nitroglycerin)	NF	
ANTI-ANXIETY AGENTS - Drugs to Treat Anxiety		
Antianxiety Agents - Misc.		
<i>buspirone hcl tabs 10 mg, 30 mg, 15 mg, 7.5 mg</i>	1	
<i>buspirone hcl tabs 5 mg</i>	1	QL(6 ea daily)
<i>hydroxyzine hcl soln im 50 mg/ml</i>	1	
<i>hydroxyzine hcl syrp or 10 mg/5ml</i>	1	
<i>hydroxyzine hcl tabs or 10 mg, 25 mg, 50 mg</i>	1	
<i>hydroxyzine pamoate caps</i>	1	
<i>meprobamate tabs</i>	1	
VISTARIL CAPS (Use hydroxyzine pamoate)	NF	
Benzodiazepines		
<i>alprazolam tabs 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	1	QL(4 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
<i>alprazolam tb24 0.5 mg, 1 mg, 2 mg, 3 mg</i>	1	
<i>alprazolam tbdp 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	1	
ATIVAN TABS OR 0.5 MG, 2 MG (Use lorazepam)	NF	QL(3 ea daily)
ATIVAN TABS OR 1 MG (Use lorazepam)	NF	QL(4 ea daily)
<i>chlordiazepoxide hcl caps</i>	1	
<i>clorazepate dipotassium tabs</i>	1	
<i>diazepam conc or 5 mg/ml</i>	1	
<i>diazepam soln or 5 mg/5ml</i>	1	
<i>diazepam tabs or 10 mg, 2 mg, 5 mg</i>	1	QL(4 ea daily)
<i>lorazepam conc or 2 mg/ml</i>	1	
<i>lorazepam tabs or 0.5 mg, 2 mg</i>	1	QL(3 ea daily)
<i>lorazepam tabs or 1 mg</i>	1	QL(4 ea daily)
<i>oxazepam caps 30 mg, 10 mg, 15 mg</i>	1	
TRANXENE T TABS (Use clorazepate dipotassium)	NF	
VALIUM TABS (Use diazepam)	NF	QL(4 ea daily)
XANAX TABS (Use alprazolam)	NF	QL(4 ea daily)
XANAX XR TB24 (Use alprazolam)	NF	
ANTIARRHYTHMICS - Drugs to treat abnormal heart rhythms		
Antiarrhythmics Type I-A		
<i>disopyramide phosphate caps</i>	1	
NORPACE CAPS (Use disopyramide phosphate)	NF	
<i>procainamide hcl soln 500 mg/ml</i>	1	
<i>quinidine sulfate tabs</i>	1	
Antiarrhythmics Type I-B		

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Drug Name	Drug Tier	Requirements/ Limits
<i>mexiletine hcl caps 150 mg, 200 mg, 250 mg</i>	1	
Antiarrhythmics Type I-C		
<i>flecainide acetate tabs</i>	1	
<i>propafenone hcl cp12</i>	1	
<i>propafenone hcl tabs</i>	1	
RYTHMOL SR CP12 (<i>Use propafenone hcl</i>)	NF	
Antiarrhythmics Type III		
<i>amiodarone hcl soln iv 150 mg/3ml, 50 mg/ml</i>	1	
<i>amiodarone hcl tabs or 100 mg, 200 mg, 400 mg</i>	1	
CORDARONE TABS (<i>Use amiodarone hcl</i>)	NF	
<i>dofetilide caps</i>	1	
MULTAQ TABS	3	
TIKOSYN CAPS (<i>Use dofetilide</i>)	NF	
ANTIASTHMATIC AND BRONCHODILATOR AGENTS - Drugs to Treat Lung Conditions		
Anti-Inflammatory Agents		
CROMOLYN SODIUM NEBU	1	QL(8 ml daily)
<i>cromolyn sodium nebu</i>	1	QL(8 ml daily)
Antiasthmatic - Monoclonal Antibodies		
FASENRA PEN SOAJ	4	PA
FASENRA SOSY	4	PA
NUCALA SOLR 100 MG	4	PA
XOLAIR SOLR 150 MG	4	PA; QL(0.214 ea daily); SP
XOLAIR SOSY 150 MG/ML, 75 MG/0.5ML	4	PA
Bronchodilators - Anticholinergics		
ATROVENT HFA AERS	3	QL(0.44 gm daily)

Drug Name	Drug Tier	Requirements/ Limits
INCRUSE ELLIPTA AEPB	2	
<i>ipratropium bromide soln</i>	1	QL(15 ml daily)
SPIRIVA HANDIHALER CAPS	2	QL(1 ea daily)
SPIRIVA RESPIMAT AERS	2	
Leukotriene Modulators		
ACCOLATE TABS (<i>Use zafirlukast</i>)	NF	QL(2 ea daily)
<i>montelukast sodium chew 4 mg, 5 mg</i>	1	QL(1 ea daily)
<i>montelukast sodium pack 4 mg</i>	1	PA; QL(1 ea daily)
<i>montelukast sodium tabs 10 mg</i>	1	QL(1 ea daily)
SINGULAIR CHEW 4 MG, 5 MG (<i>Use montelukast sodium</i>)	NF	QL(1 ea daily)
SINGULAIR PACK 4 MG (<i>Use montelukast sodium</i>)	NF	PA; QL(1 ea daily)
SINGULAIR TABS 10 MG (<i>Use montelukast sodium</i>)	NF	QL(1 ea daily)
<i>zafirlukast tabs</i>	1	QL(2 ea daily)
<i>zileuton tb12</i>	1	QL(4 ea daily)
ZYFLO CR TB12 (<i>Use zileuton</i>)	NF	QL(4 ea daily)
Selective Phosphodiesterase 4 (PDE4) Inhibitors		
DALIRESP TABS 250 MCG	3	QL(1 ea daily)30 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	
Steroid Inhalants		
ALVESCO AERS	3	PA

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Drug Name	Drug Tier	Requirements/ Limits
ARNUITY ELLIPTA AEPB 100 MCG/ACT, 200 MCG/ACT	2	
ARNUITY ELLIPTA AEPB 50 MCG/ACT	2	MP
ASMANEX HFA AERO 100 MCG/ACT, 200 MCG/ACT	2	
ASMANEX TWISTHALER 120 METERED DOSES AEPB	2	
ASMANEX TWISTHALER 14 METERED DOSES AEPB	2	
ASMANEX TWISTHALER 30 METERED DOSES AEPB	2	
ASMANEX TWISTHALER 60 METERED DOSES AEPB	2	
ASMANEX TWISTHALER 7 METERED DOSES AEPB	2	
<i>budesonide (inhalation) susp</i>	1	PA; QL(4 ml daily)
FLOVENT DISKUS AEPB	2	
FLOVENT HFA AERO	2	
PULMICORT FLEXHALER AEPB	2	
PULMICORT SUSP (<i>Use budesonide (inhalation)</i>)	NF	PA; QL(4 ml daily)
QVAR REDHALER 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 (<i>Use fluticasone-salmeterol</i>)	NF	
<i>albuterol sulfate aers in 108 mcg/act</i>	1	Limit 2 Inhalers per month; 1 rti pack lmt per fill, 2 rti MAX fill, 30 rti day(s) supply,
<i>albuterol sulfate aers in 108 mcg/act</i>	1	Limit 2 inhalers per month; 1 rti pack lmt per fill, 2 rti MAX fill, 30 rti day(s) supply,
<i>albuterol sulfate nebu in 0.083 %, 0.63 mg/3ml, 1.25 mg/3ml</i>	1	QL(15 ml daily)
<i>albuterol sulfate nebu in 0.5 %, 2.5 mg/0.5ml</i>	1	
<i>albuterol sulfate syrp or 2 mg/5ml</i>	1	
<i>albuterol sulfate tabs or 2 mg, 4 mg</i>	1	
<i>albuterol sulfate tb12 or 4 mg, 8 mg</i>	1	
ANORO ELLIPTA AEPB	2	QL(2 ea daily)
ARCAPTA NEOHALER CAPS	2	
BEVESPI AEROSPHERE AERO	2	QL(0.36 gm daily)
BREO ELLIPTA AEPB	2	
BROVANA NEBU	3	PA; QL(4 ml daily)
<i>budesonide-formoterol fumarate dihydrate aero</i>	1	
<i>fluticasone-salmeterol aepb 100 mcg/dose-50 mcg/dose, 250 mcg/dose-50 mcg/dose, 50 mcg/dose-500 mcg/dose</i>	1	
<i>ipratropium-albuterol soln</i>	1	QL(18 ml daily)
<i>levalbuterol hcl nebu 0.31 mg/3ml, 0.63 mg/3ml, 1.25 mg/3ml</i>	1	PA; QL(12 ml daily)

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Drug Name	Drug Tier	Requirements/ Limits
<i>levalbuterol hcl nebu 1.25 mg/0.5ml</i>	1	PA
<i>levalbuterol tartrate aero</i>	1	PA; Limit 2 inhalers per month;QL(1 gm daily)
<i>metaproterenol sulfate syrp</i>	1	
<i>metaproterenol sulfate tabs</i>	1	
PROAIR HFA AERS (<i>Use albuterol sulfate</i>)	2	Limit 2 inhalers per month;1 rtl pack lmt per fill,2 rtl MAX fill,30 rtl day(s) supply,
PROVENTIL HFA AERS (<i>Use albuterol sulfate</i>)	2	Limit 2 inhalers per month;1 rtl pack lmt per fill,2 rtl MAX fill,30 rtl day(s) supply,
SEREVENT DISKUS AEPB	2	
STRIVERDI RESPIMAT AERS	2	
SYMBICORT AERO (<i>Use budesonide-formoterol fumarate dihydrate</i>)	2	
<i>terbutaline sulfate soln</i>	1	
<i>terbutaline sulfate tabs</i>	1	
TRELEGY ELLIPTA AEPB 100 MCG/INH-25 MCG/INH-62.5 MCG/INH	2	
UTIBRON NEOHALER CAPS	3	PA; QL(2 ea daily)
VENTOLIN HFA AERS (<i>Use albuterol sulfate</i>)	2	Limit 2 inhalers per month;1 rtl pack lmt per fill,2 rtl MAX fill,30 rtl day(s) supply,
XOPENEX CONCENTRATE NEBU (<i>Use levalbuterol hcl</i>)	NF	PA

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

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

Drug Name	Drug Tier	Requirements/ Limits
<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
HEPARIN LOCK FLUSH SOLN (<i>Use heparin sodium (porcine)</i> lock flush)	NF	
<i>heparin sod (porcine) in d5w soln 40 unit/ml-5 %</i>	1	
<i>heparin sodium (porcine) soln 20000 unit/ml, 10000 unit/ml, 5000 unit/ml</i>	1	
HEPARIN SODIUM/NACL 0.45% SOLN 0.45 %-12500 UNIT/250ML	1	
HEPARIN SODIUM/SODIUM CHLORIDE 0.9% SOLN IV 0.9 %-1000 UNIT/500ML (<i>Use heparin (porcine) in sodium chloride</i>)	NF	
LOVENOX SOLN IJ 300 MG/3ML (<i>Use enoxaparin sodium</i>)	NF	QL(6 ml daily)
LOVENOX SOLN SC 100 MG/ML, 150 MG/ML (<i>Use enoxaparin sodium</i>)	NF	QL(2 ml daily)
LOVENOX SOLN SC 120 MG/0.8ML, 80 MG/0.8ML (<i>Use enoxaparin sodium</i>)	NF	QL(1.6 ml daily)
LOVENOX SOLN SC 30 MG/0.3ML (<i>Use enoxaparin sodium</i>)	NF	QL(0.6 ml daily); SP
LOVENOX SOLN SC 40 MG/0.4ML (<i>Use enoxaparin sodium</i>)	NF	QL(0.8 ml daily,30 day(s) limit); SP
LOVENOX SOLN SC 60 MG/0.6ML (<i>Use enoxaparin sodium</i>)	NF	QL(1.2 ml daily,30 day(s) limit); SP

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Drug Name	Drug Tier	Requirements/ Limits
Thrombin Inhibitors		
PRADAXA CAPS	3	QL(2 ea daily)
ANTICONVULSANTS - Drugs to Treat Seizures		
AMPA Glutamate Receptor Antagonists		
FYCOMPA TABS 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG	3	PA
Anticonvulsants - Benzodiazepines		
<i>clobazam susp 2.5 mg/ml</i>	1	PA; QL(16 ml daily)
<i>clobazam tabs 10 mg, 20 mg</i>	1	PA; QL(2 ea daily)
<i>clonazepam tabs 0.5 mg, 1 mg, 2 mg</i>	1	
DIASTAT ACUDIAL GEL (Use <i>diazepam (anticonvulsant)</i>)	3	
DIASTAT PEDIATRIC GEL (Use <i>diazepam (anticonvulsant)</i>)	3	
<i>diazepam (anticonvulsant) gel</i>	3	
KLONOPIN TABS (Use <i>clonazepam</i>)	NF	
NAYZILAM SOLN	3	PA; QL(10 ea per 30 days retail)
ONFI SUSP 2.5 MG/ML (Use <i>clobazam</i>)	NF	PA; QL(16 ml daily)
ONFI TABS 10 MG, 20 MG (Use <i>clobazam</i>)	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 <i>rufinamide</i>)	2	PA; QL(80 ml daily)

Drug Name	Drug Tier	Requirements/ Limits
BANZEL TABS 200 MG	2	PA; QL(2 ea daily)
BANZEL TABS 400 MG	2	PA; QL(8 ea daily)
BRIVIACT SOLN OR 10 MG/ML	3	PA
BRIVIACT TABS OR 10 MG, 100 MG, 25 MG, 50 MG, 75 MG	3	PA
<i>carbamazepine chew 100 mg</i>	1	
<i>carbamazepine cp12 100 mg</i>	1	
<i>carbamazepine cp12 200 mg</i>	1	QL(6 ea daily)
<i>carbamazepine cp12 300 mg</i>	1	QL(4 ea daily)
<i>carbamazepine susp 100 mg/5ml</i>	1	
<i>carbamazepine tabs 200 mg</i>	1	
<i>carbamazepine tb12 100 mg, 400 mg</i>	1	QL(4 ea daily)
<i>carbamazepine tb12 200 mg</i>	1	QL(6 ea daily)
CARBATROL CP12 100 MG (Use <i>carbamazepine</i>)	NF	
CARBATROL CP12 200 MG (Use <i>carbamazepine</i>)	NF	QL(6 ea daily)
CARBATROL CP12 300 MG (Use <i>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>	1	
<i>gabapentin soln 250 mg/5ml, 300 mg/6ml</i>	1	QL(60 ml daily)

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

Drug Name	Drug Tier	Requirements/ Limits
LYRICA CAPS 225 MG, 300 MG (<i>Use pregabalin</i>)	2	PA; QL(2 ea daily)
LYRICA SOLN 20 MG/ML (<i>Use pregabalin</i>)	2	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	
<i>oxcarbazepine susp 300 mg/5ml, 60 mg/ml</i>	1	QL(40 ml daily)
<i>oxcarbazepine tabs 150 mg, 300 mg</i>	1	QL(3 ea daily)
<i>oxcarbazepine tabs 600 mg</i>	1	QL(4 ea daily)
<i>pregabalin caps 100 mg, 150 mg, 200 mg, 25 mg, 50 mg, 75 mg</i>	1	PA; QL(3 ea daily)
<i>pregabalin caps 225 mg, 300 mg</i>	1	PA; QL(2 ea daily)
<i>pregabalin soln 20 mg/ml</i>	1	PA; QL(30 ml daily)
<i>primidone tabs</i>	1	
QUDEXY XR CS24 (<i>Use topiramate</i>)	NF	
<i>rufinamide susp</i>	1	PA; QL(80 ml 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)

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Drug Name	Drug Tier	Requirements/ Limits
TOPAMAX SPRINKLE CPSP 25 MG (<i>Use topiramate</i>)	NF	QL(8 ea daily)
TOPAMAX TABS 100 MG (<i>Use topiramate</i>)	NF	QL(4 ea daily)
TOPAMAX TABS 200 MG (<i>Use topiramate</i>)	NF	QL(2 ea daily)
TOPAMAX TABS 25 MG, 50 MG (<i>Use topiramate</i>)	NF	QL(6 ea daily)
<i>topiramate csp 15 mg</i>	1	QL(6 ea daily)
<i>topiramate csp 25 mg</i>	1	QL(8 ea daily)
<i>topiramate tabs 100 mg</i>	1	QL(4 ea daily)
<i>topiramate tabs 200 mg</i>	1	QL(2 ea daily)
<i>topiramate tabs 25 mg, 50 mg</i>	1	QL(6 ea daily)
TRILEPTAL SUSP 300 MG/5ML (<i>Use oxcarbazepine</i>)	NF	QL(40 ml daily)
TRILEPTAL TABS 150 MG, 300 MG (<i>Use oxcarbazepine</i>)	NF	QL(3 ea daily)
TRILEPTAL TABS 600 MG (<i>Use oxcarbazepine</i>)	NF	QL(4 ea daily)
VIMPAT SOLN IV 200 MG/20ML	3	QL(40 ml daily)
VIMPAT SOLN OR 10 MG/ML	3	PA; QL(40 ml daily)
VIMPAT TABS OR 100 MG, 150 MG, 200 MG, 50 MG	3	PA; QL(2 ea daily)
ZONEGRAN CAPS (<i>Use zonisamide</i>)	NF	QL(6 ea daily)
<i>zonisamide caps</i>	1	QL(6 ea daily)
Carbamates		
<i>felbamate susp 600 mg/5ml</i>	1	QL(30 ml daily)
<i>felbamate tabs 400 mg</i>	1	QL(9 ea daily)
<i>felbamate tabs 600 mg</i>	1	QL(6 ea daily)
FELBATOL SUSP 600 MG/5ML (<i>Use felbamate</i>)	NF	QL(30 ml daily)

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

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

Drug Name	Drug Tier	Requirements/ Limits
REMERON SOLTAB TBDP 15 MG (Use <i>mirtazapine</i>)	NF	QL(3 ea daily)
REMERON SOLTAB TBDP 30 MG (Use <i>mirtazapine</i>)	NF	QL(1.5 ea daily)
REMERON SOLTAB TBDP 45 MG (Use <i>mirtazapine</i>)	NF	
REMERON TABS 15 MG (Use <i>mirtazapine</i>)	NF	QL(3 ea daily)
REMERON TABS 30 MG (Use <i>mirtazapine</i>)	NF	QL(1.5 ea daily)
Antidepressants - Misc.		
<i>bupropion hcl tabs 100 mg, 75 mg</i>	1	QL(3 ea daily)
<i>bupropion hcl tb12 100 mg</i>	1	QL(4 ea daily)
<i>bupropion hcl tb12 150 mg</i>	1	QL(3 ea daily)
<i>bupropion hcl tb12 200 mg</i>	1	QL(2 ea daily)
<i>bupropion hcl tb24 150 mg</i>	1	QL(3 ea daily)
<i>bupropion hcl tb24 300 mg</i>	1	QL(1 ea daily)
FORFIVO XL TB24 (Use <i>bupropion hcl</i>)	NF	
<i>maprotiline hcl tabs</i>	1	
WELLBUTRIN SR TB12 100 MG (Use <i>bupropion hcl</i>)	NF	QL(4 ea daily)
WELLBUTRIN SR TB12 150 MG (Use <i>bupropion hcl</i>)	NF	QL(3 ea daily)
WELLBUTRIN SR TB12 200 MG (Use <i>bupropion hcl</i>)	NF	QL(2 ea daily)
WELLBUTRIN XL TB24 150 MG (Use <i>bupropion hcl</i>)	NF	QL(3 ea daily)
WELLBUTRIN XL TB24 300 MG (Use <i>bupropion hcl</i>)	NF	QL(1 ea daily)
Monoamine Oxidase Inhibitors (MAOIs)		
EMSAM PT24	3	QL(1 ea daily)
MARPLAN TABS	2	QL(6 ea daily)

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

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

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Drug Name	Drug Tier	Requirements/Limits
PROZAC CAPS 10 MG (Use fluoxetine hcl)	NF	QL(1 ea daily)
PROZAC CAPS 20 MG (Use fluoxetine hcl)	NF	QL(3 ea daily)
PROZAC CAPS 40 MG (Use fluoxetine hcl)	NF	QL(2 ea daily)
sertraline hcl conc 20 mg/ml	1	QL(10 ml daily)
sertraline hcl tabs 100 mg	1	QL(2 ea daily)
sertraline hcl tabs 25 mg, 50 mg	1	QL(4 ea daily)
ZOLOFT CONC 20 MG/ML (Use sertraline hcl)	NF	QL(10 ml daily)
ZOLOFT TABS 100 MG (Use sertraline hcl)	NF	QL(2 ea daily)
ZOLOFT TABS 25 MG, 50 MG (Use sertraline hcl)	NF	QL(4 ea daily)
Serotonin Modulators		
nefazodone hcl tabs	1	
trazodone hcl tabs	1	
TRINTELLIX TABS	3	PA; QL(1 ea daily)
VIIBRYD STARTER PACK KIT	3	PA
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	1	QL(4 ea daily)
desvenlafaxine succinate tb24 25 mg, 50 mg	1	QL(1 ea daily)
duloxetine hcl cpep or 20 mg, 30 mg, 60 mg	1	QL(2 ea daily)
duloxetine hcl cpep or 40 mg	1	
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)

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

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Drug Name	Drug Tier	Requirements/ Limits
NORPRAMIN TABS (<i>Use desipramine hcl</i>)	NF	
<i>nortriptyline hcl caps</i>	1	
<i>nortriptyline hcl soln</i>	1	
PAMELOR CAPS (<i>Use nortriptyline hcl</i>)	NF	
<i>protriptyline hcl tabs</i>	1	
SURMONTIL CAPS (<i>Use trimipramine maleate</i>)	NF	
TOFRANIL TABS (<i>Use imipramine hcl</i>)	NF	
<i>trimipramine maleate caps</i>	1	
ANTIDIABETICS - Drugs to Regulate Blood Sugar		
Alpha-Glucosidase Inhibitors		
<i>acarbose tabs</i>	1	QL(3 ea daily)
GLYSET TABS (<i>Use miglitol</i>)	NF	
<i>miglitol tabs</i>	1	
PRECOSE TABS (<i>Use acarbose</i>)	NF	QL(3 ea daily)
Antidiabetic - Amylin Analogs		
SYMLINPEN 120 SOPN	2	PA; QL(0.36 ml daily)
SYMLINPEN 60 SOPN	2	PA; QL(0.2 ml daily)
Antidiabetic Combinations		
ACTOPLUS MET TABS (<i>Use pioglitazone hcl-metformin hcl</i>)	NF	QL(2 ea daily)
DUETACT TABS (<i>Use pioglitazone hcl-glimepiride</i>)	NF	QL(1 ea daily)
<i>glipizide-metformin hcl tabs 2.5 mg-250 mg, 2.5 mg-500 mg</i>	1	QL(2 ea daily)
<i>glipizide-metformin hcl tabs 5 mg-500 mg</i>	1	QL(4 ea daily)
<i>glyburide-metformin tabs 1.25 mg-250 mg</i>	1	QL(2 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
<i>glyburide-metformin tabs 2.5 mg-500 mg, 5 mg-500 mg</i>	1	QL(4 ea daily)
GLYXAMBI TABS	3	PA
INVOKAMET TABS	3	PA
JANUMET TABS	2	
JANUMET XR TB24	2	
JENTADUETO TABS	2	
JENTADUETO XR TB24	2	
KAZANO TABS (<i>Use alogliptin-metformin hcl</i>)	NF	
OSENI TABS (<i>Use alogliptin-pioglitazone</i>)	NF	
<i>pioglitazone hcl-glimepiride tabs</i>	1	QL(1 ea daily)
<i>pioglitazone hcl-metformin hcl tabs</i>	1	QL(2 ea daily)
<i>repaglinide-metformin hcl tabs</i>	1	QL(2 ea daily)
SEGLUROMET TABS	2	QL(2 ea daily); MP
SYNJARDY TABS	2	
SYNJARDY XR TB24	2	
XIGDUO XR TB24 10 MG-1000 MG, 10 MG-500 MG, 1000 MG-5 MG, 5 MG-500 MG	3	PA
XULTOPHY 100/3.6 SOPN	3	PA
Biguanides		
GLUCOPHAGE TABS 1000 MG (<i>Use metformin hcl</i>)	NF	QL(2.5 ea daily)
GLUCOPHAGE TABS 500 MG (<i>Use metformin hcl</i>)	NF	QL(5 ea daily)
GLUCOPHAGE TABS 850 MG (<i>Use metformin hcl</i>)	NF	QL(3 ea daily)
GLUCOPHAGE XR TB24 (<i>Use metformin hcl</i>)	NF	

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Drug Name	Drug Tier	Requirements/ Limits
<i>metformin hcl tabs 1000 mg</i>	1	QL(2.5 ea daily)
<i>metformin hcl tabs 500 mg</i>	1	QL(5 ea daily)
<i>metformin hcl tabs 850 mg</i>	1	QL(3 ea daily)
<i>metformin hcl tb24 500 mg, 750 mg</i>	1	
Diabetic Other		
BAQSIMI ONE PACK POWD	3	QL(0.069 ea daily)
BAQSIMI TWO PACK POWD	3	QL(0.069 ea daily)
<i>diazoxide susp</i>	1	
GLUCAGEN HYPOKIT SOLR	3	QL(0.035 ea daily)
GLUCAGON EMERGENCY KIT KIT	3	QL(0.035 ea daily)
GVOKE PFS SOSY	3	QL(0.02 ml daily)
PROGLYCEM SUSP (<i>Use diazoxide</i>)	3	
Dipeptidyl Peptidase-4 (DPP-4) Inhibitors		
<i>alogliptin benzoate tabs 12.5 mg</i>	3	PA; QL(1 ea daily)
<i>alogliptin benzoate tabs 25 mg, 6.25 mg</i>	3	PA; QL(1 ea daily); MP
JANUVIA TABS	2	QL(1 ea daily)
NESINA TABS 12.5 MG (<i>Use alogliptin benzoate</i>)	3	PA; QL(1 ea daily)
NESINA TABS 25 MG, 6.25 MG (<i>Use alogliptin benzoate</i>)	3	PA; QL(1 ea daily); MP
ONGLYZA TABS	3	PA; QL(1 ea daily)
TRADJENTA TABS	2	QL(1 ea daily)
Dopamine Receptor Agonists - Antidiabetic		
CYCLOSET TABS	3	QL(6 ea daily)
Incretin Mimetic Agents (GLP-1 Receptor		
BYDUREON BCISE AUJ	2	PA; QL(0.143 ml daily)

Drug Name	Drug Tier	Requirements/ Limits
BYDUREON PEN PEN	2	PA; QL(0.143 ea daily)
BYDUREON SRER	2	PA; QL(0.143 ea daily)
BYETTA SOPN	2	PA; QL(0.08 ml daily)
TANZEUM PEN	3	PA
TRULICITY SOPN	2	PA; QL(0.143 ml daily)
VICTOZA SOPN	2	PA; QL(0.3 ml daily)
Insulin Sensitizing Agents		
ACTOS TABS (<i>Use pioglitazone hcl</i>)	NF	QL(1 ea daily)
AVANDIA TABS	3	QL(1 ea daily)
<i>pioglitazone hcl tabs</i>	1	QL(1 ea daily)
Insulin		
APIDRA SOLN	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 (<i>CONCENTRATED</i>) SOLN	3	
HUMULIN R U-500 KWIKPEN SOPN	3	
LEVEMIR FLEXTOUCH SOPN	2	
LEVEMIR SOLN	2	
NOVOLIN 70/30 FLEXPEN RELION SUPN	2	
NOVOLIN 70/30 FLEXPEN SUPN	2	
NOVOLIN 70/30 RELION SUSP	2	

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Drug Name	Drug Tier	Requirements/ Limits
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	3	PA
TRESIBA SOLN	3	PA
Meglitinide Analogues		
<i>nateglinide tabs</i>	1	QL(3 ea daily)
PRANDIN TABS 1 MG (Use repaglinide)	NF	QL(4 ea daily)
PRANDIN TABS 2 MG (Use repaglinide)	NF	QL(8 ea daily)
<i>repaglinide tabs 0.5 mg, 1 mg</i>	1	QL(4 ea daily)
<i>repaglinide tabs 2 mg</i>	1	QL(8 ea daily)
STARLIX TABS (Use nateglinide)	NF	QL(3 ea daily)
Sodium-Glucose Co-Transporter 2 (SGLT2)		
FARXIGA TABS	3	PA
INVOKANA TABS	3	PA; QL(1 ea daily)
JARDIANCE TABS	2	
STEGLATRO TABS	2	

Drug Name	Drug Tier	Requirements/ Limits
Sulfonylureas		
AMARYL TABS 1 MG, 2 MG (Use glimepiride)	NF	QL(4 ea daily)
AMARYL TABS 4 MG (Use glimepiride)	NF	QL(2 ea daily)
<i>chlorpropamide tabs 100 mg</i>	1	QL(3 ea daily)
<i>glimepiride tabs 1 mg, 2 mg</i>	1	QL(4 ea daily)
<i>glimepiride tabs 4 mg</i>	1	QL(2 ea daily)
<i>glipizide tabs 10 mg, 5 mg</i>	1	QL(4 ea daily)
<i>glipizide tb24 10 mg, 2.5 mg, 5 mg</i>	1	QL(2 ea daily)
GLUCOTROL TABS (Use glipizide)	NF	QL(4 ea daily)
GLUCOTROL XL TB24 (Use glipizide)	NF	QL(2 ea daily)
<i>glyburide micronized tabs</i>	1	QL(4 ea daily)
<i>glyburide tabs</i>	1	QL(4 ea daily)
GLYNASE TABS (Use glyburide micronized)	NF	QL(4 ea daily)
<i>tolazamide tabs</i>	1	QL(4 ea daily)
<i>tolbutamide tabs</i>	1	QL(6 ea daily)
ANTIDIARRHEAL/PROBIOTIC AGENTS - Drugs to Treat Diarrhea		
Antiperistaltic Agents		
<i>diphenoxylate w/ atropine liqd</i>	1	
<i>diphenoxylate w/ atropine tabs</i>	1	
IMODIUM A-D CAPS (Use loperamide hcl)	NF	RX/OTC
LOMOTIL TABS (Use diphenoxylate w/ atropine)	NF	
<i>loperamide hcl caps</i>	1	RX/OTC
MOTOFEN TABS	3	
ANTIDOTES AND SPECIFIC ANTAGONISTS		

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Drug Name	Drug Tier	Requirements/ Limits
Antidotes - Chelating Agents		
CHEMET CAPS	3	
<i>deferasirox pack 180 mg, 360 mg, 90 mg</i>	4	PA
<i>deferasirox tabs 360 mg, 90 mg, 180 mg</i>	4	PA; SP
<i>deferasirox tbso 125 mg, 250 mg, 500 mg</i>	4	PA; SP
<i>deferiprone tabs</i>	1	
EXJADE TBSO (<i>Use deferasirox</i>)	4	PA; SP
FERRIPROX TABS 500 MG (<i>Use deferiprone</i>)	3	
JADENU SPRINKLE PACK (<i>Use deferasirox</i>)	4	PA
JADENU TABS (<i>Use deferasirox</i>)	4	PA; SP
Antidotes and Specific Antagonists		
VISTOGARD PACK	4	PA
Opioid Antagonists		
<i>naloxone hcl soln 0.4 mg/ml, 4 mg/10ml</i>	1	
<i>naltrexone hcl tabs</i>	1	
NARCAN LIQD	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 0.1 mg/ml, 1 mg/ml</i>	1	
<i>granisetron hcl tabs or 1 mg</i>	1	QL(0.34 ea daily)
<i>ondansetron hcl soln ij 4 mg/2ml</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
<i>ondansetron hcl soln or 4 mg/5ml</i>	1	QL(3.34 ml daily)
<i>ondansetron hcl tabs or 24 mg</i>	1	QL(0.143 ea daily)
<i>ondansetron hcl tabs or 4 mg</i>	1	QL(4 ea daily,60 ea per fill retail,60 ea per fill mail)
<i>ondansetron hcl tabs or 8 mg</i>	1	QL(3 ea daily,45 ea per fill retail,45 ea per fill mail)
<i>ondansetron tbdp 4 mg</i>	1	QL(1 ea daily)
<i>ondansetron tbdp 8 mg</i>	1	
<i>palonosetron hcl soln</i>	1	
ZOFRAN SOLN 4 MG/5ML (<i>Use ondansetron hcl</i>)	NF	QL(3.34 ml daily)
ZOFRAN TABS 4 MG (<i>Use ondansetron hcl</i>)	NF	QL(4 ea daily,60 ea per fill retail,60 ea per fill mail)
ZOFRAN TABS 8 MG (<i>Use ondansetron hcl</i>)	NF	QL(3 ea daily,45 ea per fill retail,45 ea per fill mail)
Antiemetics - Anticholinergic		
<i>meclizine hcl tabs</i>	1	RX/OTC
<i>scopolamine pt72</i>	1	QL(0.34 ea daily)
TIGAN CAPS OR 300 MG (<i>Use trimethobenzamide hcl</i>)	NF	
TRANSDERM SCOP PT72 (<i>Use scopolamine</i>)	NF	QL(0.34 ea daily)
TRANSDERM-SCOP PT72 (<i>Use scopolamine</i>)	NF	QL(0.34 ea daily)
<i>trimethobenzamide hcl caps</i>	1	
Antiemetics - Miscellaneous		
AKYNZEO CAPS OR 0.5 MG-300 MG	3	PA

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Drug Name	Drug Tier	Requirements/ Limits
BONJESTA TBCR	3	QL(4 ea daily)3 rtl MAX fill,365 rtl day(s) supply,
CESAMET CAPS	3	
DICLEGIS TBEC (<i>Use doxylamine-pyridoxine</i>)	3	PA; QL(4 ea daily)3 rtl MAX fill,365 rtl day(s) supply,
<i>doxylamine-pyridoxine tbec</i>	1	PA; QL(4 ea daily)3 rtl MAX fill,365 rtl day(s) supply,
<i>dronabinol caps</i>	1	
MARINOL CAPS (<i>Use dronabinol</i>)	NF	
Substance P/Neurokinin 1 (NK1) Receptor		
<i>aprepitant caps 125 mg, 40 mg</i>	1	PA; QL(0.067 ea daily)
<i>aprepitant caps 80 mg</i>	1	PA; QL(0.134 ea daily)
EMEND CAPS OR 125 MG, 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>)	NF	
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>	1	
ERAXIS SOLR	3	
<i>micafungin sodium solr 100 mg, 50 mg</i>	1	
MYCAMINE SOLR	3	
Antifungals		

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

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Drug Name	Drug Tier	Requirements/ Limits
VFEND TABS 200 MG, 50 MG (<i>Use voriconazole</i>)	NF	QL(4 ea daily)
<i>voriconazole tabs or 200 mg, 50 mg</i>	1	QL(4 ea daily)
ANTIHISTAMINES - Drugs to Treat Allergies		
Antihistamines - Alkylamines		
<i>dexchlorpheniramine maleate soln</i>	1	
Antihistamines - Ethanolamines		
<i>carbinoxamine maleate soln 4 mg/5ml</i>	1	
<i>carbinoxamine maleate tabs 4 mg</i>	1	
<i>clemastine fumarate tabs</i>	1	
<i>diphenhydramine hcl caps or 50 mg</i>	1	
<i>diphenhydramine hcl elix or 12.5 mg/5ml</i>	1	RX/OTC
<i>diphenhydramine hcl soln ij 50 mg/ml</i>	1	
Antihistamines - Non-Sedating		
ALLEGRA ALLERGY CHILDRENS SUSP 30 MG/5ML (<i>Use fexofenadine hcl</i>)	1	QL(30 ml daily)
ALLEGRA ALLERGY CHILDRENS TBDP 30 MG	1	QL(2 ea daily)
ALLEGRA ALLERGY TABS 180 MG (<i>Use fexofenadine hcl</i>)	1	QL(1 ea daily)
ALLEGRA ALLERGY TABS 60 MG (<i>Use fexofenadine hcl</i>)	1	QL(2 ea daily)
<i>cetirizine hcl caps 10 mg</i>	1	QL(1 ea daily)
<i>cetirizine hcl chew 5 mg, 10 mg</i>	1	QL(1 ea daily)
<i>cetirizine hcl soln 1 mg/ml, 5 mg/5ml</i>	1	QL(10 ml daily); RX/OTC
<i>cetirizine hcl syrup 1 mg/ml, 5 mg/5ml</i>	1	QL(10 ml daily); RX/OTC
<i>cetirizine hcl tabs 5 mg, 10 mg</i>	1	QL(1 ea daily)

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

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

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

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Drug Name	Drug Tier	Requirements/Limits
<i>fenofibrate tabs 145 mg, 48 mg, 54 mg, 160 mg</i>	1	QL(1 ea daily)
FIBRICOR TABS 105 MG, 35 MG (Use <i>fenofibric acid</i>)	NF	
<i>gemfibrozil tabs</i>	1	QL(2 ea daily)
LIPOFEN CAPS (Use <i>fenofibrate</i>)	NF	
LOPID TABS (Use <i>gemfibrozil</i>)	NF	QL(2 ea daily)
TRICOR TABS (Use <i>fenofibrate</i>)	NF	QL(1 ea daily)
HMG CoA Reductase Inhibitors		
ADVICOR TB24 1000 MG-20 MG	3	PA; QL(2 ea daily)
ADVICOR TB24 1000 MG-40 MG	3	PA; QL(1 ea daily)
ALTOPREV TB24	3	ST; QL(1 ea daily)
<i>atorvastatin calcium tabs</i>	1	QL(1 ea daily)
CRESTOR TABS (Use <i>rosuvastatin calcium</i>)	NF	QL(1 ea daily)
<i>fluvastatin sodium caps 20 mg</i>	1	QL(1 ea daily)
<i>fluvastatin sodium caps 40 mg</i>	1	QL(2 ea daily)
LIPITOR TABS (Use <i>atorvastatin calcium</i>)	NF	QL(1 ea daily)
LIVALO TABS	3	ST; QL(1 ea daily)
<i>lovastatin tabs 10 mg, 20 mg</i>	1	\$0 copay for generic only, age 40 to 76; QL(1 ea daily); PV
<i>lovastatin tabs 40 mg</i>	1	\$0 copay for generic only, age 40 to 76; QL(2 ea daily); PV
PRAVACHOL TABS (Use <i>pravastatin sodium</i>)	NF	QL(1 ea daily)
<i>pravastatin sodium tabs</i>	1	QL(1 ea daily)
<i>rosuvastatin calcium tabs</i>	1	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/Limits
SIMCOR TB24	2	PA; QL(1 ea daily)
<i>simvastatin tabs 80 mg, 10 mg, 20 mg, 40 mg, 5 mg</i>	1	QL(1 ea daily)
ZOCOR TABS (Use <i>simvastatin</i>)	NF	QL(1 ea daily)
Intestinal Cholesterol Absorption Inhibitors		
<i>ezetimibe tabs</i>	1	QL(1 ea daily)
ZETIA TABS (Use <i>ezetimibe</i>)	NF	QL(1 ea daily)
Nicotinic Acid Derivatives		
<i>niacin (antihyperlipidemic) tbc 1000 mg, 500 mg, 750 mg</i>	1	QL(2 ea daily)
NIASPAN TBCR (Use <i>niacin (antihyperlipidemic)</i>)	NF	QL(2 ea daily)
Proprotein Convertase Subtilisin/Kexin Type 9		
REPATHA SOSY	4	PA; QL(0.0714 ml daily)
REPATHA SURECLICK SOAJ	4	PA; QL(0.0714 ml daily)
ANTIHYPERTENSIVES - Drugs to Treat High Blood Pressure		
ACE Inhibitors		
ACCUPRIL TABS (Use <i>quinapril hcl</i>)	NF	
ALTACE CAPS (Use <i>ramipril</i>)	NF	
<i>benazepril hcl tabs</i>	1	
<i>captopril tabs</i>	1	
<i>enalapril maleate tabs</i>	1	
<i>fosinopril sodium tabs</i>	1	
<i>lisinopril tabs</i>	1	
LOTENSIN TABS (Use <i>benazepril hcl</i>)	NF	
<i>moexipril hcl tabs</i>	1	
<i>perindopril erbumine tabs</i>	1	

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Drug Name	Drug Tier	Requirements/ Limits
PRINIVIL TABS (<i>Use lisinopril</i>)	NF	
<i>quinapril hcl tabs</i>	1	
<i>ramipril caps</i>	1	
<i>trandolapril tabs</i>	1	
VASOTEC TABS (<i>Use enalapril maleate</i>)	NF	
ZESTRIL TABS (<i>Use lisinopril</i>)	NF	
Agents for Pheochromocytoma		
DIBENZYLINE CAPS (<i>Use phenoxybenzamine hcl</i>)	NF	PA
<i>phenoxybenzamine hcl caps</i>	3	PA
Angiotensin II Receptor Antagonists		
ATACAND TABS (<i>Use candesartan cilexetil</i>)	NF	QL(1 ea daily)
AVAPRO TABS (<i>Use irbesartan</i>)	NF	QL(1 ea daily)
BENICAR TABS (<i>Use olmesartan medoxomil</i>)	NF	QL(1 ea daily)
<i>candesartan cilexetil tabs</i>	1	QL(1 ea daily)
COZAAR TABS (<i>Use losartan potassium</i>)	NF	QL(1 ea daily)
DIOVAN TABS (<i>Use valsartan</i>)	NF	QL(1 ea daily)
EDARBI TABS	3	ST; QL(1 ea daily)
<i>eprosartan mesylate tabs</i>	1	QL(1 ea daily)
<i>irbesartan tabs</i>	1	QL(1 ea daily)
<i>losartan potassium tabs or 100 mg, 25 mg, 50 mg</i>	1	QL(1 ea daily)
MICARDIS TABS (<i>Use telmisartan</i>)	NF	QL(1 ea daily)
<i>olmesartan medoxomil tabs</i>	1	QL(1 ea daily)
<i>telmisartan tabs</i>	1	QL(1 ea daily)
<i>valsartan tabs</i>	1	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
Antiadrenergic Antihypertensives		
CARDURA TABS (<i>Use doxazosin mesylate</i>)	NF	
CATAPRES TABS (<i>Use clonidine hcl</i>)	NF	QL(8 ea daily)
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>	1	QL(8 ea daily)
<i>clonidine ptwk</i>	3	QL(0.15 ea daily)
<i>doxazosin mesylate tabs</i>	1	
<i>guanfacine hcl tabs</i>	1	
<i>methyldopa tabs</i>	1	QL(6 ea daily)
MINIPRESS CAPS (<i>Use prazosin hcl</i>)	NF	QL(4 ea daily)
<i>prazosin hcl caps</i>	1	QL(4 ea daily)
<i>terazosin hcl caps</i>	1	
Antihypertensive Combinations		
ACCURETIC TABS 10 MG-12.5 MG (<i>Use quinapril-hydrochlorothiazide</i>)	NF	QL(3 ea daily)
ACCURETIC TABS 12.5 MG-20 MG (<i>Use quinapril-hydrochlorothiazide</i>)	NF	QL(4 ea daily)
ACCURETIC TABS 20 MG-25 MG (<i>Use quinapril-hydrochlorothiazide</i>)	NF	QL(2 ea daily)
<i>amlodipine besylate-benazepril hcl caps</i>	1	
<i>amlodipine besylate-olmesartan medoxomil tabs</i>	1	ST
<i>amlodipine besylate-valsartan tabs</i>	1	
<i>amlodipine-valsartan-hydrochlorothiazide tabs</i>	1	

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Drug Name	Drug Tier	Requirements/ Limits
ATACAND HCT TABS (Use candesartan cilexetil-hydrochlorothiazide)	NF	
atenolol & chlorthalidone tabs	1	
AVALIDE TABS (Use irbesartan-hydrochlorothiazide)	NF	
AZOR TABS (Use amlodipine besylate-olmesartan medoxomil)	NF	ST
benazepril & hydrochlorothiazide tabs	1	
BENICAR HCT TABS (Use olmesartan medoxomil-hydrochlorothiazide)	NF	
bisoprolol & hydrochlorothiazide tabs	1	QL(2 ea daily)
candesartan cilexetil-hydrochlorothiazide tabs	1	
CORZIDE TABS 40 MG-5 MG (Use nadolol & bendroflumethiazide)	NF	
DIOVAN HCT TABS (Use valsartan-hydrochlorothiazide)	NF	
enalapril maleate & hydrochlorothiazide tabs	1	
EXFORGE HCT TABS (Use amlodipine-valsartan-hydrochlorothiazide)	NF	
EXFORGE TABS (Use amlodipine besylate-valsartan)	NF	
fosinopril sodium & hydrochlorothiazide tabs	1	
HYZAAR TABS 100 MG-12.5 MG, 100 MG-25 MG (Use losartan potassium & hydrochlorothiazide)	NF	QL(1 ea daily)
HYZAAR TABS 12.5 MG-50 MG (Use losartan potassium & hydrochlorothiazide)	NF	QL(2 ea daily)
irbesartan-hydrochlorothiazide tabs	1	

Drug Name	Drug Tier	Requirements/ Limits
lisinopril & hydrochlorothiazide tabs	1	
LOPRESSOR HCT TABS (Use metoprolol & hydrochlorothiazide)	NF	
losartan potassium & hydrochlorothiazide tabs 100 mg-12.5 mg, 100 mg-25 mg	1	QL(1 ea daily)
losartan potassium & hydrochlorothiazide tabs 12.5 mg-50 mg	1	QL(2 ea daily)
LOTENSIN HCT TABS (Use benazepril & hydrochlorothiazide)	NF	
LOTREL CAPS (Use amlodipine besylate-benazepril hcl)	NF	
metoprolol & hydrochlorothiazide tabs	1	
MICARDIS HCT TABS (Use telmisartan-hydrochlorothiazide)	NF	
olmesartan medoxomil-amlodipine-hydrochlorothiazide tabs	1	ST
olmesartan medoxomil-hydrochlorothiazide tabs	1	
quinapril-hydrochlorothiazide tabs 10 mg-12.5 mg	1	QL(3 ea daily)
quinapril-hydrochlorothiazide tabs 12.5 mg-20 mg	1	QL(4 ea daily)
quinapril-hydrochlorothiazide tabs 20 mg-25 mg	1	QL(2 ea daily)
TARKA TBCR (Use trandolapril-verapamil hcl)	NF	
telmisartan-amlodipine tabs	1	
telmisartan-hydrochlorothiazide tabs	1	
TENORETIC 100 TABS (Use atenolol & chlorthalidone)	NF	

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Drug Name	Drug Tier	Requirements/ Limits
TENORETIC 50 TABS (Use <i>atenolol & chlorthalidone</i>)	NF	
<i>trandolapril-verapamil hcl tbc</i>	1	
TRIBENZOR TABS (Use <i>olmesartan medoxomil-amlodipine-hydrochlorothiazide</i>)	NF	ST
TWYNSTA TABS (Use <i>telmisartan-amlodipine</i>)	NF	
<i>valsartan-hydrochlorothiazide tabs</i>	1	
VASERETIC TABS (Use <i>enalapril maleate & hydrochlorothiazide</i>)	NF	
ZESTORETIC TABS (Use <i>lisinopril & hydrochlorothiazide</i>)	NF	
ZIAC TABS (Use <i>bisoprolol & hydrochlorothiazide</i>)	NF	QL(2 ea daily)
Antihypertensives - Misc.		
VECAMEYL TABS	3	PA
Direct Renin Inhibitors		
<i>aliskiren fumarate tabs</i>	1	QL(1 ea daily)
TEKTURNA TABS (Use <i>aliskiren fumarate</i>)	2	QL(1 ea daily)
Selective Aldosterone Receptor Antagonists		
<i>eplerenone tabs</i>	1	
INSPIRA TABS (Use <i>eplerenone</i>)	NF	
Vasodilators		
<i>hydralazine hcl soln</i>	1	
<i>hydralazine hcl tabs</i>	1	
<i>minoxidil tabs</i>	1	
ANTIMALARIALS - Drugs to Treat Malaria (Parasitic Infections)		
Antimalarial Combinations		

Drug Name	Drug Tier	Requirements/ Limits
<i>atovaquone-proguanil hcl tabs</i>	1	Covered for malaria treatment only. Limit 1 fill every 180 days;QL(12 ea per fill retail,12 ea per fill mail)1 rti MAX fill,180 rti day(s) supply,1 mail MAX fill,180 mail day(s) supply,
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 rti MAX fill,180 rti day(s) supply,1 mail MAX fill,180 mail day(s) supply,
MALARONE TABS (Use <i>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 rti MAX fill,180 rti day(s) supply,1 mail MAX fill,180 mail day(s) supply,
Antimalarials		
<i>chloroquine phosphate tabs</i>	1	
DARAPRIM TABS	3	PA; QL(3 ea daily)
<i>hydroxychloroquine sulfate tabs</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
KRINTAFEL TABS	3	QL(2 ea per 30 days retail)
<i>mefloquine hcl tabs</i>	1	Covered for malaria treatment only. Limit 1 fill every 180 days; QL(5 ea daily) 1 rti MAX fill, 180 rti day(s) supply, 1 mail MAX fill, 180 mail day(s) supply,
PLAQUENIL TABS (<i>Use hydroxychloroquine sulfate</i>)	NF	
<i>primaquine phosphate tabs</i>	3	
PRIMAQUINE PHOSPHATE TABS (<i>Use primaquine phosphate</i>)	3	
<i>pyrimethamine tabs</i>	1	PA; QL(3 ea daily)
QUALAQUIN CAPS (<i>Use quinine sulfate</i>)	NF	PA;
<i>quinine sulfate caps</i>	1	PA;
ANTIMYASTHENIC/CHOLINERGIC AGENTS		
Antimyasthenic/Cholinergic Agents		
FIRDAPSE TABS	4	PA
GUANIDINE HCL TABS	2	
MESTINON SOLN 60 MG/5ML (<i>Use pyridostigmine bromide</i>)	2	
MESTINON TABS 60 MG (<i>Use pyridostigmine bromide</i>)	NF	
MESTINON TIMESPAN TBCR (<i>Use pyridostigmine bromide</i>)	NF	
NEOSTIGMINE METHYLSULFATE SOSY 3 MG/3ML	3	PA
<i>pyridostigmine bromide soln 60 mg/5ml</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
<i>pyridostigmine bromide tabs 60 mg</i>	1	
<i>pyridostigmine bromide tbc 180 mg</i>	1	
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		
CAPASTAT SULFATE SOLR	3	
<i>cycloserine caps</i>	1	QL(4 ea daily)
<i>ethambutol hcl tabs</i>	1	
<i>isoniazid soln ij 100 mg/ml</i>	1	
<i>isoniazid syrp or 50 mg/5ml</i>	1	
ISONIAZID TABS OR 100 MG	1	
<i>isoniazid tabs or 100 mg, 300 mg</i>	1	
MYAMBUTOL TABS (<i>Use ethambutol hcl</i>)	NF	
MYCOBUTIN CAPS (<i>Use rifabutin</i>)	NF	PA
PASER PACK	3	QL(3 ea daily)
PRIFTIN TABS	3	
<i>pyrazinamide tabs</i>	1	
<i>rifabutin caps</i>	1	PA
RIFADIN CAPS (<i>Use rifampin</i>)	NF	
RIFADIN SOLR (<i>Use rifampin</i>)	NF	
<i>rifampin caps</i>	1	

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Drug Name	Drug Tier	Requirements/ Limits
<i>rifampin solr</i>	1	
SIRTURO TABS 100 MG	3	PA
TRECTOR TABS	3	QL(4 ea daily)
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES - Drugs to Treat Cancer		
Alkylating Agents		
ALKERAN SOLR (<i>Use melphalan hcl</i>)	6	
ALKERAN TABS (<i>Use melphalan</i>)	6	
BELRAPZO SOLN	6	
BENDAMUSTINE HYDROCHLORIDE SOLN	6	
BENDEKA SOLN	6	
BICNU SOLR (<i>Use carmustine</i>)	6	PA; SP
<i>busulfan soln</i>	6	PA; SP
BUSULFEX SOLN (<i>Use busulfan</i>)	6	PA; SP
<i>carboplatin soln 450 mg/45ml, 50 mg/5ml, 600 mg/60ml, 150 mg/15ml, 50 mg/5ml</i>	6	PA
<i>carboplatin soln 50 mg/5ml</i>	6	PA; SP
<i>carmustine solr</i>	6	PA; SP
<i>cisplatin soln 100 mg/100ml</i>	6	PA; SP
<i>cisplatin soln 200 mg/200ml, 50 mg/50ml</i>	6	PA
CISPLATIN SOLR 50 MG	6	
<i>cyclophosphamide caps or 50 mg, 25 mg</i>	1	PA; SP
CYCLOPHOSPHAMIDE SOLN IV 1 GM/5ML, 500 MG/2.5ML	6	
<i>cyclophosphamide solr ij 1 gm, 2 gm, 500 mg</i>	6	PA; SP

Drug Name	Drug Tier	Requirements/ Limits
EVOMELA SOLR	6	
GLEOSTINE CAPS	6	PA
IFEX SOLR 1 GM (<i>Use ifosfamide</i>)	6	PA; SP
IFEX SOLR 3 GM	6	PA
<i>ifosfamide soln 1 gm/20ml</i>	6	PA; SP
<i>ifosfamide soln 3 gm/60ml</i>	6	PA
<i>ifosfamide solr 1 gm</i>	6	PA; SP
IFOSFAMIDE SOLR 3 GM	6	PA
LEUKERAN TABS	6	PA; SP
<i>melphalan hcl solr</i>	1	
<i>melphalan tabs</i>	1	
MUSTARGEN SOLR	6	PA; SP
MYLERAN TABS	6	PA; SP
<i>oxaliplatin soln 100 mg/20ml, 50 mg/10ml</i>	6	PA; SP
<i>oxaliplatin solr 100 mg, 50 mg</i>	6	PA
TEMODAR CAPS OR 100 MG, 140 MG, 180 MG, 20 MG, 250 MG, 5 MG (<i>Use temozolomide</i>)	6	PA; SP
TEMODAR SOLR IV 100 MG	6	PA; SP
<i>temozolomide caps</i>	6	PA; SP
TEPADINA SOLR 100 MG (<i>Use thiotepa</i>)	6	PA
TEPADINA SOLR 15 MG (<i>Use thiotepa</i>)	6	PA; SP
<i>thiotepa solr 100 mg</i>	6	PA
<i>thiotepa solr 15 mg</i>	6	PA; SP
TREANDA SOLR	6	PA; SP

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YONDELIS SOLR	6	
ZANOSAR SOLR	6	PA; SP
ZEPZELCA SOLR	6	
Antimetabolites		
ALIMTA SOLR 100 MG	6	PA
ALIMTA SOLR 500 MG	6	PA; SP
ARRANON SOLN	6	PA; SP
<i>azacitidine susr</i>	6	PA; SP
<i>capecitabine tabs</i>	6	PA; SP
<i>cladribine soln</i>	6	PA
<i>clofarabine soln</i>	6	PA; SP
CLOLAR SOLN (Use <i>clofarabine</i>)	6	PA; SP
<i>cytarabine soln 100 mg/ml, 20 mg/ml</i>	6	PA; SP
<i>cytarabine soln 20 mg/ml</i>	6	PA
DACOGEN SOLR (Use <i>decitabine</i>)	6	PA; SP
<i>decitabine solr</i>	6	PA; SP
<i>floxuridine solr</i>	6	PA; SP
<i>fludarabine phosphate soln</i>	6	PA; SP
<i>fludarabine phosphate solr</i>	6	PA; SP
<i>fluorouracil soln 1 gm/20ml, 2.5 gm/50ml, 5 gm/100ml</i>	6	PA
<i>fluorouracil soln 500 mg/10ml</i>	6	PA; SP
FOLOTYN SOLN 20 MG/ML	6	PA; SP
FOLOTYN SOLN 40 MG/2ML	6	PA
<i>gemcitabine hcl soln 1 gm/10ml, 2 gm/20ml, 200 mg/2ml</i>	6	

Drug Name	Drug Tier	Requirements/ Limits
<i>gemcitabine hcl soln 200 mg/5.26ml, 1 gm/26.3ml, 2 gm/52.6ml</i>	6	PA
<i>gemcitabine hcl solr 1 gm</i>	6	PA
<i>gemcitabine hcl solr 2 gm, 200 mg</i>	6	PA; SP
GEMCITABINE HYDROCHLORIDE SOLN 1 GM/10ML, 2 GM/20ML, 200 MG/2ML (Use <i>gemcitabine hcl</i>)	6	
GEMCITABINE HYDROCHLORIDE SOLN 1.5 GM/15ML	6	
GEMCITABINE SOLN (Use <i>gemcitabine hcl</i>)	6	PA
GEMZAR SOLR 1 GM (Use <i>gemcitabine hcl</i>)	6	PA
GEMZAR SOLR 200 MG (Use <i>gemcitabine hcl</i>)	6	PA; SP
INFUGEM SOLN	6	
<i>mercaptopurine tabs</i>	1	
<i>methotrexate sodium soln ij 1 gm/40ml, 250 mg/10ml</i>	6	PA
<i>methotrexate sodium soln ij 25 mg/ml</i>	6	
<i>methotrexate sodium soln ij 250 mg/10ml, 50 mg/2ml, 50 mg/2ml</i>	1	
<i>methotrexate sodium solr ij 1 gm</i>	1	SP
<i>methotrexate sodium tabs or 2.5 mg</i>	1	SP
PURIXAN SUSP	6	PA
TABLOID TABS	6	PA; SP
TREXALL TABS	6	PA; SP
VIDAZA SUSR (Use <i>azacitidine</i>)	6	PA; SP
XATMEP SOLN	6	PA
XELODA TABS (Use <i>capecitabine</i>)	6	PA; SP

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Drug Name	Drug Tier	Requirements/ Limits
Antineoplastic - Angiogenesis Inhibitors		
AVASTIN SOLN 100 MG/4ML	6	PA; SP
AVASTIN SOLN 400 MG/16ML	6	PA
CYRAMZA SOLN	6	PA
MVASI SOLN	6	PA
ZALTRAP SOLN 100 MG/4ML	6	PA; SP
ZALTRAP SOLN 200 MG/8ML	6	PA
ZIRABEV SOLN	6	PA
Antineoplastic - Antibodies		
ADCETRIS SOLR	6	PA; SP
ARZERRA CONC	6	PA; SP
BAVENCIO SOLN	6	
BESPONSA SOLR	6	
BLENREP SOLR	6	
BLINCYTO SOLR	6	PA
CAMPATH SOLN	6	PA
DARZALEX SOLN	6	
EMPLICITI SOLR	6	
ENHERTU SOLR	6	
ERBITUX SOLN	6	PA; SP
GAZYVA SOLN	6	PA
HERCEPTIN SOLR	6	PA; SP
HERZUMA SOLR	6	
IMFINZI SOLN	6	
KADCYLA SOLR	6	PA

Drug Name	Drug Tier	Requirements/ Limits
KANJINTI SOLR	6	
KEYTRUDA SOLN	6	PA
LARTRUVO SOLN	6	
LIBTAYO SOLN	6	
LUMOXITI SOLR	6	
MONJUVI SOLR	6	
MYLOTARG SOLR	6	
OGIVRI SOLR	6	
ONTRUZANT SOLR	6	
OPDIVO SOLN	6	PA
PADCEV SOLR	6	
PERJETA SOLN	6	PA; SP
POLIVY SOLR 140 MG	6	
PORTRAZZA SOLN	6	
POTELIGEO SOLN	6	
RITUXAN SOLN	6	PA; SP
RUXIENCE SOLN	6	
SARCLISA SOLN	6	
TECENTRIQ SOLN	6	
TRAZIMERA SOLR	6	
TRODELVY SOLR	6	
TRUXIMA SOLN	6	
UNITUXIN SOLN	6	
VECTIBIX SOLN 100 MG/5ML	6	PA; SP
VECTIBIX SOLN 400 MG/20ML	6	PA

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Drug Name	Drug Tier	Requirements/ Limits
YERVOY SOLN	6	PA; SP
ZEVALIN Y-90 KIT	6	PA
Antineoplastic - BCL-2 Inhibitors		
VENCLEXTA STARTING PACK TBPK	6	PA
VENCLEXTA TABS	6	PA
Antineoplastic - Cellular Immunotherapy		
KYMRIAH SUSP	6	PA
PROVENGE SUSP	6	PA
TECARTUS SUSP	6	
YESCARTA SUSP	6	
Antineoplastic - Hedgehog Pathway Inhibitors		
DAURISMO TABS	6	PA
ERIVEDGE CAPS	6	PA; QL(1 ea daily); SP
ODOMZO CAPS	6	PA; QL(1 ea daily)
Antineoplastic - Hormonal and Related Agents		
<i>abiraterone acetate tabs</i>	6	PA; QL(4 ea daily); SP
<i>anastrozole tabs</i>	1	QL(1 ea daily)
ARIMIDEX TABS (<i>Use anastrozole</i>)	6	QL(1 ea daily)
AROMASIN TABS (<i>Use exemestane</i>)	6	QL(1 ea daily); SP
<i>bicalutamide tabs</i>	6	PA; QL(1 ea daily); SP
CASODEX TABS (<i>Use bicalutamide</i>)	6	PA; QL(1 ea daily); SP
DEPO-PROVERA SUSP	6	PA
ELIGARD KIT 22.5 MG	6	PA; SP
ELIGARD KIT 30 MG	6	PA; SP
ELIGARD KIT 45 MG	6	PA; SP

Drug Name	Drug Tier	Requirements/ Limits
ELIGARD KIT 7.5 MG	6	PA; QL(0.0089 ea daily); SP
EMCYT CAPS	6	PA; SP
ERLEADA TABS	6	PA
<i>exemestane tabs</i>	6	QL(1 ea daily); SP
FARESTON TABS (<i>Use toremifene citrate</i>)	6	
FASLODEX SOLN (<i>Use fulvestrant</i>)	6	PA; QL(0.357 ml daily); SP
FEMARA TABS (<i>Use letrozole</i>)	6	
FIRMAGON SOLR	6	PA; QL(0.143 ea daily); SP
<i>flutamide caps</i>	6	PA; QL(6 ea daily); SP
<i>fulvestrant soln</i>	6	PA; QL(0.357 ml daily); SP
<i>hydroxyprogesterone caproate (antineoplastic) soln</i>	6	
<i>letrozole tabs</i>	1	
<i>leuprolide acetate kit</i>	6	PA; SP
LEUPROLIDE ACETATE/BUPIVACAINE HYDROCHLORIDE SOLN	6	
LUPRON DEPOT (1-MONTH) KIT	6	PA; QL(0.0357 ea daily); SP
LUPRON DEPOT (3-MONTH) KIT	6	PA; SP
LUPRON DEPOT (4-MONTH) KIT	6	PA; QL(0.1339 ea daily); SP
LUPRON DEPOT (6-MONTH) KIT	6	PA; QL(0.0089 ea daily); SP
LYSODREN TABS	6	PA; SP
<i>megestrol acetate susp</i>	1	
<i>megestrol acetate tabs</i>	1	
NILANDRON TABS (<i>Use nilutamide</i>)	6	QL(2 ea daily)

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Drug Name	Drug Tier	Requirements/ Limits
<i>nilutamide tabs</i>	1	QL(2 ea daily)
NUBEQA TABS	6	PA
SOLTAMOX SOLN	6	PA
<i>tamoxifen citrate tabs</i>	0	
<i>toremifene citrate tabs</i>	6	
TRELSTAR MIXJECT SUSR	6	PA; SP
VANTAS KIT	6	PA
XTANDI CAPS	6	PA; QL(4 ea daily); SP
YONSA TABS	6	PA
ZOLADEX IMPL 10.8 MG	6	PA; QL(0.0119 ea daily); SP
ZOLADEX IMPL 3.6 MG	6	PA; QL(0.0357 ea daily); SP
ZYTIGA TABS 250 MG (Use <i>abiraterone acetate</i>)	6	PA; QL(4 ea daily); SP
ZYTIGA TABS 500 MG	6	PA; QL(2 ea daily)
Antineoplastic - Immunomodulators		
POMALYST CAPS	6	PA; QL(1 ea daily)
Antineoplastic - XPO1 Inhibitors		
XPOVIO 100 MG ONCE WEEKLY TBPk	6	PA
XPOVIO 40 MG ONCE WEEKLY TBPk	6	
XPOVIO 40 MG TWICE WEEKLY TBPk	6	
XPOVIO 60 MG ONCE WEEKLY TBPk	6	PA
XPOVIO 60 MG TWICE WEEKLY TBPk	6	
XPOVIO 80 MG ONCE WEEKLY TBPk	6	PA
XPOVIO 80 MG TWICE WEEKLY TBPk	6	PA
Antineoplastic Antibiotics		

Drug Name	Drug Tier	Requirements/ Limits
<i>bleomycin sulfate solr 15 unit</i>	6	PA; SP
<i>bleomycin sulfate solr 30 unit</i>	6	PA
COSMEGEN SOLR (Use <i>dactinomycin</i>)	6	PA; SP
<i>dactinomycin solr</i>	6	PA; SP
<i>daunorubicin hcl soln</i>	6	
DAUNORUBICIN HYDROCHLORIDE SOLN 20 MG/4ML (Use <i>daunorubicin hcl</i>)	6	
DAUNORUBICIN HYDROCHLORIDE SOLN 50 MG/10ML	6	
DOXIL INJ (Use <i>doxorubicin hcl liposomal</i>)	6	PA; SP
<i>doxorubicin hcl liposomal inj</i>	6	PA; SP
<i>doxorubicin hcl soln</i>	6	PA; SP
<i>doxorubicin hcl solr</i>	6	PA; SP
ELLEENCE SOLN 200 MG/100ML (Use <i>epirubicin hcl</i>)	6	PA
ELLEENCE SOLN 50 MG/25ML (Use <i>epirubicin hcl</i>)	6	PA; SP
<i>epirubicin hcl soln 200 mg/100ml</i>	6	PA
<i>epirubicin hcl soln 50 mg/25ml</i>	6	PA; SP
IDAMYCIN PFS SOLN 10 MG/10ML, 5 MG/5ML (Use <i>idarubicin hcl</i>)	6	PA; SP
IDAMYCIN PFS SOLN 20 MG/20ML (Use <i>idarubicin hcl</i>)	6	PA
<i>idarubicin hcl soln 10 mg/10ml, 5 mg/5ml</i>	6	PA; SP
<i>idarubicin hcl soln 20 mg/20ml</i>	6	PA
JELMYTO SOLR	6	

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Drug Name	Drug Tier	Requirements/ Limits
<i>mitomycin solr iv 20 mg</i>	6	PA; SP
<i>mitomycin solr iv 40 mg, 5 mg</i>	6	PA
MITOMYCIN SOSY IS 20 MG/40ML	6	
<i>mitoxantrone hcl conc</i>	6	PA
<i>mitoxantrone hcl conc</i>	6	PA; SP
<i>valrubicin soln</i>	6	PA; SP
VALSTAR SOLN (<i>Use valrubicin</i>)	6	PA; SP
Antineoplastic Combinations		
DARZALEX FASPRO SOLN	6	
HERCEPTIN HYLECTA SOLN	6	
INQOVI TABS	6	
KISQALI FEMARA 200 DOSE TBPk	6	PA
KISQALI FEMARA 400 DOSE TBPk	6	PA
KISQALI FEMARA 600 DOSE TBPk	6	PA
LONSURF TABS	6	PA
PHESGO SOLN	6	
RITUXAN HYCELA SOLN	6	PA
VYXEOS SUSR	6	
Antineoplastic Enzyme Inhibitors		
AFINITOR DISPERZ TBSO	6	PA
AFINITOR TABS 10 MG	6	PA; QL(1 ea daily); SP
AFINITOR TABS 2.5 MG, 5 MG, 7.5 MG (<i>Use everolimus</i>)	6	PA; QL(1 ea daily); SP
ALECENSA CAPS	6	PA
ALIQOPA SOLR	6	

Drug Name	Drug Tier	Requirements/ Limits
ALUNBRIG TABS	6	PA
ALUNBRIG TBPk	6	PA
AYVAKIT TABS	6	PA; SL(1 ea daily)
BALVERSA TABS	6	PA
BELEODAQ SOLR	6	PA
BORTEZOMIB SOLR	6	PA;
BOSULIF TABS 100 MG, 500 MG	6	PA; QL(1 ea daily); SP
BOSULIF TABS 400 MG	6	PA;
BRAFTOVI CAPS	6	PA
BRUKINSA CAPS	6	PA
CABOMETYX TABS	6	PA
CALQUENCE CAPS	6	PA
CAPRELSA TABS	6	PA; QL(1 ea daily); SP
COMETRIQ KIT	6	PA; QL(2 ea daily); SP
COMETRIQ KIT	6	PA; QL(4 ea daily); SP
COMETRIQ KIT	6	PA; QL(3 ea daily); SP
COPIKTRA CAPS	6	PA
COTELLIC TABS	6	PA
<i>erlotinib hcl tabs</i>	6	PA; QL(1 ea daily); SP
<i>everolimus tabs</i>	6	PA; QL(1 ea daily); SP
FARYDAK CAPS	6	PA
GILOTRIF TABS	6	PA; QL(1 ea daily)
GLEEVEC TABS (<i>Use imatinib mesylate</i>)	6	PA; QL(2 ea daily); SP
IBRANCE CAPS	6	PA

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Drug Name	Drug Tier	Requirements/ Limits
IBRANCE TABS	6	PA
ICLUSIG TABS 15 MG, 45 MG	6	PA
IDHIFA TABS	6	PA
<i>imatinib mesylate tabs</i>	6	PA; QL(2 ea daily); SP
IMBRUVICA CAPS 140 MG	6	PA; QL(3 ea daily)
IMBRUVICA CAPS 70 MG	6	PA; QL(1 ea daily)
IMBRUVICA TABS 140 MG, 280 MG, 420 MG, 560 MG	6	PA; QL(1 ea daily)
INLYTA TABS	6	PA; QL(2 ea daily); SP
INREBIC CAPS	6	PA
IRESSA TABS	6	
ISTODAX (OVERFILL) SOLR	6	PA; SP
JAKAFI TABS 10 MG, 20 MG	6	PA; SP
JAKAFI TABS 15 MG, 25 MG, 5 MG	6	PA; QL(2 ea daily); SP
KISQALI TBPK	6	PA
KOSELUGO CAPS	6	
KYPROLIS SOLR	6	PA
<i>lapatinib ditosylate tabs</i>	6	PA; QL(6 ea daily); SP
LENVIMA 10 MG DAILY DOSE CPPK	6	PA; QL(1 ea daily)
LENVIMA 12MG DAILY DOSE CPPK	6	PA; QL(3 ea daily)
LENVIMA 14 MG DAILY DOSE CPPK	6	PA; QL(2 ea daily)
LENVIMA 18 MG DAILY DOSE CPPK	6	PA; QL(3 ea daily)
LENVIMA 20 MG DAILY DOSE CPPK	6	PA; QL(2 ea daily)
LENVIMA 24 MG DAILY DOSE CPPK	6	PA; QL(3 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
LENVIMA 4 MG DAILY DOSE CPPK	6	PA; QL(1 ea daily)
LENVIMA 8 MG DAILY DOSE CPPK	6	PA; QL(2 ea daily)
LORBRENA TABS	6	PA
LYNPARZA TABS	6	PA; QL(16 ea daily)
MEKINIST TABS 0.5 MG	6	PA; QL(3 ea daily)
MEKINIST TABS 2 MG	6	PA; QL(1 ea daily)
MEKTOVI TABS	6	PA
NERLYNX TABS	6	PA
NEXAVAR TABS	6	PA; QL(4 ea daily); SP
NINLARO CAPS	6	PA; QL(0.143 ea daily)
PEMAZYRE TABS	6	
PIQRAY 200MG DAILY DOSE TBPK	6	PA
PIQRAY 250MG DAILY DOSE TBPK	6	PA
PIQRAY 300MG DAILY DOSE TBPK	6	PA
QINLOCK TABS	6	
RETEVMO CAPS	6	PA
ROMIDEPSIN SOLN 27.5 MG/5.5ML	6	
ROMIDEPSIN SOLR 10 MG	6	PA; SP
ROZLYTREK CAPS	6	PA
RUBRACA TABS	6	PA
RYDAPT CAPS	6	PA
SPRYCEL TABS	6	PA; QL(1 ea daily); SP
STIVARGA TABS	6	PA; QL(4 ea daily); SP

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Drug Name	Drug Tier	Requirements/ Limits
SUTENT CAPS 12.5 MG, 25 MG, 50 MG	6	PA; QL(1 ea daily); SP
SUTENT CAPS 37.5 MG	6	PA
TABRECTA TABS	6	PA
TAFINLAR CAPS	6	PA; QL(4 ea daily)
TAGRISSO TABS	6	PA
TALZENNA CAPS	6	PA
TARCEVA TABS (<i>Use erlotinib hcl</i>)	6	PA; QL(1 ea daily); SP
TASIGNA CAPS 150 MG, 200 MG	6	PA; QL(4 ea daily); SP
TASIGNA CAPS 50 MG	6	PA; QL(4 ea daily)
TAZVERIK TABS	6	PA
<i>temsirolimus soln</i>	6	PA; QL(0.143 ml daily); SP
TIBSOVO TABS	6	PA
TORISEL SOLN (<i>Use temsirolimus</i>)	6	PA; QL(0.143 ml daily); SP
TUKYSA TABS	6	
TURALIO CAPS	6	PA; AC
TYKERB TABS (<i>Use lapatinib ditosylate</i>)	6	PA; QL(6 ea daily); SP
VELCADE SOLR	6	PA; SP
VERZENIO TABS	6	PA
VITRAKVI CAPS	6	PA
VITRAKVI SOLN	6	PA
VIZIMPRO TABS	6	PA
VOTRIENT TABS	6	PA; QL(4 ea daily); SP
XALKORI CAPS	6	PA; QL(2 ea daily); SP
XOSPATA TABS	6	PA

Drug Name	Drug Tier	Requirements/ Limits
ZEJULA CAPS	6	PA
ZELBORAF TABS	6	PA; SP
ZOLINZA CAPS	6	PA; QL(4 ea daily); SP
ZYDELIG TABS	6	PA; QL(2 ea daily)
ZYKADIA CAPS	6	PA; QL(5 ea daily)
ZYKADIA TABS	6	
Antineoplastic Enzymes		
ASPARLAS SOLN	6	
ERWINAZE SOLR	6	PA; SP
ONCASPAS SOLN	6	PA; SP
Antineoplastic Radiopharmaceuticals		
AZEDRA DOSIMETRIC SOLN	6	
AZEDRA THERAPEUTIC SOLN	6	
LUTATHERA SOLN	6	
METASTRON SOLN	6	PA
QUADRAMET SOLN	6	PA
STRONTIUM CHLORIDE SR-89 SOLN	6	PA
XOFIGO SOLN	6	PA
Antineoplastics Misc.		
ACTIMMUNE SOLN	6	PA; SP
ALFERON N SOLN	6	PA
<i>arsenic trioxide soln 10 mg/10ml</i>	6	PA; SP
<i>arsenic trioxide soln 12 mg/6ml</i>	6	
<i>bexarotene caps</i>	6	PA; SP
<i>dacarbazine solr 100 mg</i>	6	PA

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Drug Name	Drug Tier	Requirements/ Limits
dacarbazine solr 200 mg	6	PA; SP
ELZONRIS SOLN	6	
HYDREA CAPS (Use hydroxyurea)	NF	
hydroxyurea caps	1	
INTRON A SOLN 10 MU/ML, 6000000 UNIT/ML	6	PA
INTRON A SOLR 10 MU, 50 MU	6	PA
INTRON A SOLR 18 MU	6	PA; SP
MATULANE CAPS	6	PA; SP
NIPENT SOLR	6	PA; SP
PHOTOFRIN SOLR	6	PA; SP
PROLEUKIN SOLR	6	PA; SP
SYLATRON KIT	6	PA; SP
SYNRIBO SOLR	6	PA; SP
TARGRETIN CAPS OR 75 MG (Use bexarotene)	6	PA; SP
tretinoin (chemotherapy) caps	1	
TRISENOX SOLN (Use arsenic trioxide)	6	
Chemotherapy Adjuncts		
ELITEK SOLR	6	PA
KEPIVANCE SOLR	6	PA; SP
Chemotherapy Rescue/Antidote Agents		
dexrazoxane hcl solr	6	PA
ETHYOL SOLR	6	
FUSILEV SOLR (Use levoleucovorin calcium)	6	PA
KHAPZORY SOLR	6	
leucovorin calcium soln ij 500 mg/50ml	6	

Drug Name	Drug Tier	Requirements/ Limits
leucovorin calcium solr ij 100 mg, 200 mg, 350 mg, 50 mg, 500 mg	1	
leucovorin calcium tabs or 25 mg, 5 mg, 10 mg, 15 mg	1	
levoleucovorin calcium soln 175 mg/17.5ml	6	PA
levoleucovorin calcium soln 250 mg/25ml	6	
levoleucovorin calcium solr 50 mg	6	PA
LEVOLEUCOVORIN SOLR	6	
mesna soln	6	PA
MESNEX SOLN IV 100 MG/ML (Use mesna)	6	PA
MESNEX TABS OR 400 MG	6	PA
TOTECT SOLR	6	PA
VORAXAZE SOLR	6	PA; SP
ZINECARD SOLR (Use dexrazoxane hcl)	6	PA
Mitotic Inhibitors		
ABRAXANE SUSR	6	PA; SP
DOCETAXEL (NON-ALCOHOL FORMULA) SOLN	6	
DOCETAXEL CONC 160 MG/8ML (Use docetaxel)	6	PA
DOCETAXEL CONC 160 MG/8ML, 80 MG/4ML	6	PA
docetaxel conc 160 mg/8ml, 80 mg/4ml	6	PA
DOCETAXEL CONC 20 MG/ML	6	PA; SP
docetaxel conc 20 mg/ml	6	PA; SP
DOCETAXEL CONC 200 MG/10ML	6	
DOCETAXEL SOLN 160 MG/16ML, 80 MG/8ML	6	PA
docetaxel soln 160 mg/16ml, 80 mg/8ml	6	PA

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Drug Name	Drug Tier	Requirements/ Limits
DOCETAXEL SOLN 160 MG/16ML, 80 MG/8ML (Use docetaxel)	6	PA
DOCETAXEL SOLN 20 MG/2ML	6	PA; SP
<i>docetaxel soln 20 mg/2ml</i>	6	PA; SP
DOCETAXEL SOLN 20 MG/2ML (Use docetaxel)	6	PA; SP
ETOPOPHOS SOLR	6	PA; SP
<i>etoposide caps</i>	6	PA; SP
<i>etoposide soln</i>	6	PA; SP
HALAVEN SOLN	6	PA; SP
IXEMPRA KIT SOLR 15 MG	6	PA; SP
IXEMPRA KIT SOLR 45 MG	6	PA
JEVTANA SOLN	6	PA; SP
MARQIBO SUSP	6	PA
NAVELBINE SOLN 10 MG/ML (Use vinorelbine tartrate)	6	PA; SP
NAVELBINE SOLN 50 MG/5ML (Use vinorelbine tartrate)	6	PA
<i>paclitaxel conc 150 mg/25ml, 100 mg/16.7ml, 6 mg/ml</i>	6	PA; SP
<i>paclitaxel conc 30 mg/5ml, 300 mg/50ml, 6 mg/ml</i>	6	PA
TAXOL CONC (Use paclitaxel)	6	PA
TAXOTERE CONC 20 MG/ML (Use docetaxel)	6	PA; SP
TAXOTERE CONC 80 MG/4ML (Use docetaxel)	6	PA
TENIPOSIDE SOLN	6	PA; SP
<i>vinblastine sulfate soln</i>	6	PA
<i>vincristine sulfate soln</i>	6	PA; SP

Drug Name	Drug Tier	Requirements/ Limits
<i>vinorelbine tartrate soln 10 mg/ml</i>	6	PA; SP
<i>vinorelbine tartrate soln 50 mg/5ml</i>	6	PA
Topoisomerase I Inhibitors		
CAMPTOSAR SOLN 300 MG/15ML (Use irinotecan hcl)	6	PA
CAMPTOSAR SOLN 40 MG/2ML, 100 MG/5ML (Use irinotecan hcl)	6	PA; SP
HYCANTIN CAPS OR 0.25 MG, 1 MG	6	PA; SP
HYCANTIN SOLR IV 4 MG (Use topotecan hcl)	6	PA; SP
<i>irinotecan hcl soln 300 mg/15ml, 500 mg/25ml</i>	6	PA
<i>irinotecan hcl soln 40 mg/2ml, 100 mg/5ml</i>	6	PA; SP
ONIVYDE INJ	6	
TOPOTECAN HCL SOLN 4 MG/4ML	6	PA
<i>topotecan hcl soln 4 mg/4ml</i>	6	PA
TOPOTECAN HCL SOLN 4 MG/4ML (Use topotecan hcl)	6	PA
<i>topotecan hcl solr 4 mg</i>	6	PA; SP
ANTIPARKINSON AND RELATED THERAPY AGENTS - Drugs to Treat Parkinson's Disease		
Antiparkinson Adjunctive Therapy		
<i>carbidopa tabs</i>	1	
LODOSYN TABS (Use carbidopa)	NF	
Antiparkinson Anticholinergics		
<i>benztropine mesylate soln</i>	1	
<i>benztropine mesylate tabs</i>	1	
COGENTIN SOLN (Use benztropine mesylate)	NF	
<i>trihexyphenidyl hcl soln</i>	1	

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Drug Name	Drug Tier	Requirements/ Limits
<i>trihexyphenidyl hcl tabs</i>	1	
Antiparkinson COMT Inhibitors		
COMTAN TABS (<i>Use entacapone</i>)	NF	QL(8 ea daily)
<i>entacapone tabs</i>	1	QL(8 ea daily)
TASMAR TABS (<i>Use tolcapone</i>)	NF	
<i>tolcapone tabs</i>	1	
Antiparkinson Dopaminergics		
<i>amantadine hcl caps</i>	1	
<i>amantadine hcl syrp</i>	1	
<i>amantadine hcl tabs</i>	1	
APOKYN SOCT	4	PA;
<i>bromocriptine mesylate caps</i>	1	
<i>bromocriptine mesylate tabs</i>	1	
<i>carbidopa-levodopa tabs</i>	1	
<i>carbidopa-levodopa tbcr</i>	1	
<i>carbidopa-levodopa tbdp</i>	1	
<i>carbidopa-levodopa-entacapone tabs</i>	1	
MIRAPEX TABS 0.125 MG (<i>Use pramipexole dihydrochloride</i>)	NF	QL(4 ea daily)
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	

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

Drug Name	Drug Tier	Requirements/ Limits
STALEVO 75 TABS (<i>Use carbidopa-levodopa-entacapone</i>)	1	
Antiparkinson Monoamine Oxidase Inhibitors		
AZILECT TABS (<i>Use rasagiline mesylate</i>)	NF	PA; QL(1 ea daily)
<i>rasagiline mesylate tabs</i>	1	PA; QL(1 ea daily)
<i>selegiline hcl caps</i>	1	
<i>selegiline hcl tabs</i>	1	
ANTIPSYCHOTICS/ANTIMANIC AGENTS - Drugs to Treat Mood Disorders		
Antimanic Agents		
<i>lithium carbonate caps</i>	1	
<i>lithium carbonate tabs</i>	1	
<i>lithium carbonate tbc</i>	1	
LITHIUM SOLN	1	
LITHOBID TBCR (<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	3	PA; QL(1 ea daily)
<i>ziprasidone hcl caps</i>	1	QL(2 ea daily); AL(At least 18 yrs old)
Benzisoxazoles		
FANAPT TABS	2	PA; QL(2 ea daily)
FANAPT TITRATION PACK TABS	2	PA

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

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

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

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

Drug Name	Drug Tier	Requirements/ Limits
<i>didanosine cpdr 200 mg</i>	1	QL(2 ea daily)
<i>didanosine cpdr 250 mg, 400 mg</i>	1	QL(1 ea daily)
DOVATO TABS	2	
EDURANT TABS	2	QL(1 ea daily)
<i>efavirenz caps 200 mg</i>	1	QL(2 ea daily)
<i>efavirenz caps 50 mg</i>	1	QL(3 ea daily)
<i>efavirenz tabs 600 mg</i>	1	QL(1 ea daily)
<i>efavirenz-emtricitabine-tenofovir disoproxil fumarate tabs</i>	1	ST; QL(1 ea daily)
<i>efavirenz-lamivudine-tenofovir disoproxil fumarate tabs</i>	1	QL(1 ea daily)
<i>emtricitabine caps</i>	1	QL(1 ea daily)
<i>emtricitabine-tenofovir disoproxil fumarate tabs</i>	1	QL(1 ea daily, 30 day(s) limit)
EMTRIVA CAPS 200 MG (<i>Use emtricitabine</i>)	2	QL(1 ea daily)
EMTRIVA SOLN 10 MG/ML	2	
EPIVIR SOLN 10 MG/ML (<i>Use lamivudine</i>)	NF	QL(30 ml daily)
EPIVIR TABS 150 MG (<i>Use lamivudine</i>)	NF	QL(2 ea daily)
EPIVIR TABS 300 MG (<i>Use lamivudine</i>)	NF	QL(1 ea daily)
EPZICOM TABS (<i>Use abacavir sulfate-lamivudine</i>)	NF	QL(1 ea daily)
<i>fosamprenavir calcium tabs</i>	1	QL(4 ea daily)
FUZEON SOLR	4	PA; SP
GENVOYA TABS	3	QL(1 ea daily)
INTELENCE TABS 100 MG	2	QL(4 ea daily)
INTELENCE TABS 200 MG	2	QL(2 ea daily)

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Drug Name	Drug Tier	Requirements/ Limits
INTELENCE TABS 25 MG	2	QL(8 ea daily)
INVIRASE CAPS 200 MG	2	QL(10 ea daily)
INVIRASE TABS 500 MG	2	QL(4 ea daily)
ISENTRESS CHEW 100 MG, 25 MG	2	
ISENTRESS HD TABS	2	QL(2 ea daily)
ISENTRESS TABS 400 MG	2	QL(2 ea daily)
JULUCA TABS	3	QL(1 ea daily)
KALETRA SOLN 100 MG/5ML-400 MG/5ML (Use lopinavir-ritonavir)	NF	QL(12.5 ml daily)
KALETRA TABS 100 MG-25 MG, 200 MG-50 MG	2	QL(4 ea daily)
<i>lamivudine soln 10 mg/ml</i>	1	QL(30 ml daily)
<i>lamivudine tabs 150 mg</i>	1	QL(2 ea daily)
<i>lamivudine tabs 300 mg</i>	1	QL(1 ea daily)
<i>lamivudine-zidovudine tabs</i>	1	QL(2 ea daily)
LEXIVA SUSP 50 MG/ML	2	QL(56 ml daily)
LEXIVA TABS 700 MG (Use fosamprenavir calcium)	NF	QL(4 ea daily)
<i>lopinavir-ritonavir soln</i>	1	QL(12.5 ml daily)
<i>nevirapine susp 50 mg/5ml</i>	1	QL(40 ml daily)
<i>nevirapine tabs 200 mg</i>	1	QL(2 ea daily)
<i>nevirapine tb24 100 mg</i>	1	QL(3 ea daily)
<i>nevirapine tb24 400 mg</i>	1	QL(1 ea daily)
NORVIR PACK 100 MG	2	QL(12 ea daily)30 rtl lmt day(s),30 mail lmt day(s),
NORVIR SOLN 80 MG/ML	2	QL(15 ml daily)

Drug Name	Drug Tier	Requirements/ Limits
NORVIR TABS 100 MG (Use ritonavir)	NF	QL(12 ea daily)
ODEFSEY TABS	3	ST; QL(1 ea daily)
PIFELTRO TABS	2	
PREZCOBIX TABS	2	QL(1 ea daily)
PREZISTA SUSP 100 MG/ML	2	QL(12 ml daily)
PREZISTA TABS 150 MG, 600 MG, 75 MG	2	QL(2 ea daily)
PREZISTA TABS 800 MG	2	QL(1 ea daily)
RESCRIPTOR TABS	2	QL(6 ea daily)
RETROVIR CAPS 100 MG (Use zidovudine)	NF	QL(6 ea daily)
RETROVIR IV INFUSION SOLN	1	
RETROVIR SYRP 50 MG/5ML (Use zidovudine)	NF	QL(60 ml daily)
REYATAZ CAPS 150 MG, 200 MG (Use atazanavir sulfate)	NF	QL(2 ea daily)
REYATAZ CAPS 300 MG (Use atazanavir sulfate)	NF	QL(1 ea daily)
<i>ritonavir tabs</i>	1	QL(12 ea daily)
SELZENTRY SOLN 20 MG/ML	2	QL(30 ml daily)
SELZENTRY TABS 150 MG, 25 MG, 75 MG	2	QL(2 ea daily)
SELZENTRY TABS 300 MG	2	QL(4 ea daily)
<i>stavudine caps</i>	1	QL(2 ea daily)
STRIBILD TABS	3	QL(1 ea daily)
SUSTIVA CAPS 200 MG (Use efavirenz)	NF	QL(2 ea daily)
SUSTIVA CAPS 50 MG (Use efavirenz)	NF	QL(3 ea daily)
SUSTIVA TABS 600 MG (Use efavirenz)	NF	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
SYMFI LO TABS (<i>Use efavirenz-lamivudine-tenofovir disoproxil fumarate</i>)	2	QL(1 ea daily)
SYMFI TABS (<i>Use efavirenz-lamivudine-tenofovir disoproxil fumarate</i>)	2	QL(1 ea daily)
SYMTUZA TABS	3	ST; QL(1 ea daily)
TEMIXYS TABS	2	QL(1 ea daily)
<i>tenofovir disoproxil fumarate tabs</i>	1	
TIVICAY TABS	3	
TRIUMEQ TABS	3	QL(1 ea daily)
TRIZIVIR TABS (<i>Use abacavir sulfate-lamivudine-zidovudine</i>)	NF	QL(2 ea daily)
TRUVADA TABS 100 MG-150 MG, 133 MG-200 MG, 167 MG-250 MG	2	QL(1 ea daily,30 day(s) limit)
TRUVADA TABS 200 MG-300 MG (<i>Use emtricitabine-tenofovir disoproxil fumarate</i>)	2	QL(1 ea daily,30 day(s) limit)
TYBOST TABS	2	QL(1 ea daily)
VIDEX EC CPDR 125 MG	2	QL(2 ea daily)
VIDEX EC CPDR 200 MG (<i>Use didanosine</i>)	NF	QL(2 ea daily)
VIDEX EC CPDR 250 MG, 400 MG (<i>Use didanosine</i>)	NF	QL(1 ea daily)
VIDEXPEDIATRIC SOLR	2	
VIRACEPT TABS 250 MG	2	QL(10 ea daily)
VIRACEPT TABS 625 MG	2	QL(4 ea daily)
VIRAMUNE SUSP 50 MG/5ML (<i>Use nevirapine</i>)	NF	QL(40 ml daily)
VIRAMUNE TABS 200 MG (<i>Use nevirapine</i>)	NF	QL(2 ea daily)
VIRAMUNE XR TB24 100 MG (<i>Use nevirapine</i>)	NF	QL(3 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
VIRAMUNE XR TB24 400 MG (<i>Use nevirapine</i>)	NF	QL(1 ea daily)
VIREAD POWD 40 MG/GM	2	
VIREAD TABS 150 MG, 200 MG, 250 MG	2	QL(1 ea daily)
VIREAD TABS 300 MG (<i>Use tenofovir disoproxil fumarate</i>)	NF	
ZERIT CAPS (<i>Use stavudine</i>)	NF	QL(2 ea daily)
ZIAGEN SOLN 20 MG/ML (<i>Use abacavir sulfate</i>)	NF	
ZIAGEN TABS 300 MG (<i>Use abacavir sulfate</i>)	NF	QL(2 ea daily)
<i>zidovudine caps 100 mg</i>	1	QL(6 ea daily)
<i>zidovudine syrp 50 mg/5ml</i>	1	QL(60 ml daily)
<i>zidovudine tabs 300 mg</i>	1	QL(2 ea daily)
CMV Agents		
<i>cidofovir soln</i>	3	
CYTOVENE SOLR (<i>Use ganciclovir sodium</i>)	NF	
<i>ganciclovir sodium solr</i>	1	
VALCYTE TABS 450 MG (<i>Use valganciclovir hcl</i>)	NF	PA; QL(4 ea daily)
<i>valganciclovir hcl tabs 450 mg</i>	1	PA; QL(4 ea daily)
Hepatitis Agents		
<i>adefovir dipivoxil tabs</i>	4	PA; QL(1 ea daily); SP
BARACLUDE SOLN 0.05 MG/ML	4	PA; QL(20 ml daily); SP
BARACLUDE TABS 0.5 MG, 1 MG (<i>Use entecavir</i>)	NF	PA; QL(1 ea daily); SP
DAKLINZA TABS 30 MG, 60 MG	4	PA; QL(1 ea daily)
<i>entecavir tabs</i>	4	PA; QL(1 ea daily); SP
EPCLUSA TABS 100 MG-400 MG	4	PA; QL(1 ea daily)

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Drug Name	Drug Tier	Requirements/ Limits
EPIVIR HBV SOLN 5 MG/ML	4	PA; QL(60 ml daily); SP
EPIVIR HBV TABS 100 MG (<i>Use lamivudine (hbv)</i>)	NF	QL(3 ea daily); SP
HARVONI TABS 400 MG-90 MG	4	PA; QL(1 ea daily); SP
HEPSERA TABS (<i>Use adefovir dipivoxil</i>)	NF	PA; QL(1 ea daily); SP
<i>lamivudine (hbv) tabs</i>	1	QL(3 ea daily); SP
LEDIPASVIR/SOFOSBUVIR TABS	4	PA; QL(1 ea daily); SP
MAVYRET TABS	4	PA; QL(3 ea daily)
MODERIBA 1200 DOSE PACK TBPK	4	PA
PEGASYS PROCLICK SOLN	4	PA; QL(0.0714 ml daily); SP
PEGASYS SOLN	4	PA; QL(0.0714 ml daily); SP
PEGINTRON KIT	4	PA; QL(0.143 ea daily); SP
REBETOL CAPS 200 MG (<i>Use ribavirin (hepatitis c)</i>)	NF	PA; QL(7 ea daily)
REBETOL SOLN 40 MG/ML	4	PA; QL(35 ml daily); SP
RIBASPHERE RIBAPAK TBPK 400 MG, 600 MG	4	PA
RIBASPHERE TABS	4	PA
<i>ribavirin (hepatitis c) caps 200 mg</i>	1	PA; QL(7 ea daily)
<i>ribavirin (hepatitis c) tabs 200 mg</i>	1	PA; QL(7 ea daily)
<i>ribavirin (hepatitis c) tabs 600 mg</i>	4	PA
SOFOSBUVIR/VELPATASVIR TABS	4	PA; QL(1 ea daily)
SOVALDI TABS 400 MG	4	PA; QL(1 ea daily); SP
VEMLIDY TABS	4	PA; QL(1 ea daily); SP
VOSEVI TABS	4	PA
ZEPATIER TABS	4	PA

Drug Name	Drug Tier	Requirements/ Limits
Herpes Agents		
<i>acyclovir caps 200 mg</i>	1	QL(5 ea daily,50 ea per fill retail,50 ea per fill mail)
<i>acyclovir susp 200 mg/5ml</i>	1	QL(13.34 ml daily)
<i>acyclovir tabs 400 mg, 800 mg</i>	1	QL(5 ea daily)
<i>famciclovir tabs 125 mg, 250 mg</i>	1	QL(3 ea daily)
<i>famciclovir tabs 500 mg</i>	1	QL(4 ea daily)
<i>valacyclovir hcl tabs 1 gm, 1000 mg</i>	1	QL(4 ea daily)
<i>valacyclovir hcl tabs 500 mg</i>	1	QL(2 ea daily)
VALTREX TABS 1 GM (<i>Use valacyclovir hcl</i>)	NF	QL(4 ea daily)
VALTREX TABS 500 MG (<i>Use valacyclovir hcl</i>)	NF	QL(2 ea daily)
ZOVIRAX CAPS OR 200 MG (<i>Use acyclovir</i>)	NF	QL(5 ea daily,50 ea per fill retail,50 ea per fill mail)
ZOVIRAX SUSP OR 200 MG/5ML (<i>Use acyclovir</i>)	NF	QL(13.34 ml daily)
ZOVIRAX TABS OR 400 MG, 800 MG (<i>Use acyclovir</i>)	NF	QL(5 ea daily)
Influenza Agents		
FLUMADINE TABS (<i>Use rimantadine hydrochloride</i>)	NF	QL(2 ea daily)
<i>oseltamivir phosphate caps or 30 mg, 45 mg, 75 mg</i>	1	Limit 1 fill every 90 days.;QL(10 ea per fill retail,10 ea per fill mail)1 rtl MAX fill,90 rtl day(s) supply,1 mail MAX fill,90 mail day(s) supply,

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Drug Name	Drug Tier	Requirements/ Limits
<i>oseltamivir phosphate susr or 6 mg/ml</i>	1	Limit 1 fill every 90 days.;1 rti MAX fill,90 rti day(s) supply,1 mail MAX fill,90 mail day(s) supply,
RELENZA DISKHALER AEPB	2	
<i>rimantadine hydrochloride tabs</i>	1	QL(2 ea daily)
TAMIFLU CAPS 30 MG, 45 MG, 75 MG (Use <i>oseltamivir phosphate</i>)	NF	Limit 1 fill every 90 days.;QL(10 ea per fill retail,10 ea per fill mail)1 rti MAX fill,90 rti day(s) supply,1 mail MAX fill,90 mail day(s) supply,
TAMIFLU SUSR 6 MG/ML (Use <i>oseltamivir phosphate</i>)	NF	Limit 1 fill every 90 days.;1 rti MAX fill,90 rti day(s) supply,1 mail MAX fill,90 mail day(s) supply,
BETA BLOCKERS - Drugs to Treat High Blood Pressure		
Alpha-Beta Blockers		
<i>carvedilol tabs</i>	1	
COREG TABS (Use <i>carvedilol</i>)	NF	
<i>labetalol hcl soln</i>	1	
<i>labetalol hcl tabs</i>	1	
Beta Blockers Cardio-Selective		
<i>acebutolol hcl caps</i>	1	
<i>atenolol tabs</i>	1	
<i>betaxolol hcl tabs</i>	1	
<i>bisoprolol fumarate tabs</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
BYSTOLIC TABS 10 MG, 2.5 MG, 5 MG	2	PA; QL(1 ea daily)
BYSTOLIC TABS 20 MG	2	PA; QL(2 ea daily)
LOPRESSOR TABS (Use <i>metoprolol tartrate</i>)	NF	
<i>metoprolol succinate tb24</i>	1	
<i>metoprolol tartrate soln iv 5 mg/5ml</i>	1	
<i>metoprolol tartrate tabs or 100 mg, 25 mg, 50 mg</i>	1	
TENORMIN TABS (Use <i>atenolol</i>)	NF	
TOPROL XL TB24 (Use <i>metoprolol succinate</i>)	NF	
Beta Blockers Non-Selective		
BETAPACE AF TABS (Use <i>sotalol hcl (afib/af)</i>)	NF	
BETAPACE TABS (Use <i>sotalol hcl</i>)	NF	QL(2 ea daily)
CORGARD TABS (Use <i>nadolol</i>)	NF	
HEMANGEOL SOLN	4	PA; QL(75 ml daily)
INDERAL LA CP24 (Use <i>propranolol hcl</i>)	NF	
<i>nadolol tabs</i>	1	
<i>pindolol tabs</i>	1	
<i>propranolol hcl cp24</i>	1	
<i>propranolol hcl soln</i>	1	
<i>propranolol hcl tabs</i>	1	
<i>sotalol hcl (afib/af)</i> tabs	1	
<i>sotalol hcl tabs 120 mg, 160 mg, 80 mg</i>	1	QL(2 ea daily)
<i>sotalol hcl tabs 240 mg</i>	1	
<i>timolol maleate tabs</i>	1	
CALCIUM CHANNEL BLOCKERS - Drugs to Treat High Blood Pressure		

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

Drug Name	Drug Tier	Requirements/ Limits
<i>nimodipine caps</i>	1	
<i>nisoldipine tb24 17 mg, 20 mg, 30 mg, 34 mg, 40 mg, 8.5 mg</i>	1	
NORVASC TABS (<i>Use amlodipine besylate</i>)	NF	
PROCARDIA CAPS (<i>Use nifedipine</i>)	NF	
PROCARDIA XL TB24 (<i>Use nifedipine</i>)	NF	
SULAR TB24 (<i>Use nisoldipine</i>)	NF	
TIAZAC CP24 120 MG, 180 MG, 240 MG, 300 MG, 360 MG (<i>Use diltiazem hcl extended release beads</i>)	NF	
<i>verapamil hcl cp24</i>	1	
<i>verapamil hcl soln</i>	1	
<i>verapamil hcl tabs</i>	1	
<i>verapamil hcl tbc</i>	1	
VERELAN CP24 120 MG, 180 MG, 240 MG (<i>Use verapamil hcl</i>)	NF	
VERELAN CP24 360 MG (<i>Use verapamil hcl</i>)	1	
VERELAN PM CP24 100 MG, 300 MG (<i>Use verapamil hcl</i>)	1	
VERELAN PM CP24 200 MG (<i>Use verapamil hcl</i>)	NF	
CARDIOTONICS - Drugs to Treat Heart Failure and Abnormal Heart Rhythm		
Cardiac Glycosides		
<i>digoxin soln</i>	1	
<i>digoxin tabs</i>	1	
LANOXIN SOLN IJ 0.25 MG/ML (<i>Use digoxin</i>)	2	
LANOXIN TABS OR 250 MCG, 125 MCG (<i>Use digoxin</i>)	2	

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Drug Name	Drug Tier	Requirements/ Limits
LANOXIN TABS OR 62.5 MCG	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>	1	QL(1 ea daily)
BIDIL TABS	2	
CADUET TABS (<i>Use amlodipine besylate-atorvastatin calcium</i>)	NF	QL(1 ea daily)
ENTRESTO TABS	3	PA
Impotence Agents		
CIALIS TABS 5 MG (<i>Use tadalafil</i>)	NF	PA; BPH Only; QL(1 ea daily)
<i>sildenafil citrate tabs</i>	1	PA; QL(0.1334 ea daily)
STENDRA TABS	3	QL(0.134 ea daily)
<i>tadalafil tabs 5 mg</i>	1	PA; BPH Only; QL(1 ea daily)
VIAGRA TABS (<i>Use sildenafil citrate</i>)	NF	PA; QL(0.1334 ea daily)
Prostaglandin Vasodilators		
<i>epoprostenol sodium solr</i>	4	PA
FLOLAN SOLR (<i>Use epoprostenol sodium</i>)	NF	PA
ORENITRAM TBCR 0.125 MG, 0.25 MG, 1 MG, 2.5 MG	3	PA
REMODULIN SOLN	4	PA; SP
<i>treprostinil soln</i>	4	PA; SP
VENTAVIS SOLN	4	PA; SP
Pulmonary Hypertension - Endothelin Receptor		

Drug Name	Drug Tier	Requirements/ Limits
<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>)	4	PA; QL(1 ea daily); SP
OPSUMIT TABS	4	PA; QL(1 ea daily)
TRACLEER TABS 125 MG (<i>Use bosentan</i>)	4	PA; QL(2 ea daily); SP
TRACLEER TABS 62.5 MG (<i>Use bosentan</i>)	4	PA; QL(2 ea daily)
TRACLEER TBSO 32 MG	4	PA; QL(2 ea daily); SP
Pulmonary Hypertension - Phosphodiesterase		
ADCIRCA TABS (<i>Use tadalafil (pulmonary hypertension)</i>)	NF	PA; QL(2 ea daily); SP
REVATIO SOLN IV 10 MG/12.5ML (<i>Use sildenafil citrate (pulmonary hypertension)</i>)	NF	PA; QL(37.5 ml daily); SP
REVATIO SUSR OR 10 MG/ML (<i>Use sildenafil citrate (pulmonary hypertension)</i>)	NF	PA; QL(6 ml daily)
REVATIO TABS OR 20 MG (<i>Use sildenafil citrate (pulmonary hypertension)</i>)	NF	PA; QL(3 ea daily); SP
<i>sildenafil citrate (pulmonary hypertension) soln iv 10 mg/12.5ml</i>	4	PA; QL(37.5 ml daily); SP
<i>sildenafil citrate (pulmonary hypertension) susr or 10 mg/ml</i>	4	PA; QL(6 ml daily)
<i>sildenafil citrate (pulmonary hypertension) tabs or 20 mg</i>	4	PA; QL(3 ea daily); SP
<i>tadalafil (pulmonary hypertension) tabs</i>	4	PA; QL(2 ea daily); SP
Pulmonary Hypertension - Sol Guanylate Cyclase		
ADEMPAS TABS 0.5 MG, 1.5 MG, 2 MG, 2.5 MG	4	PA; QL(3 ea daily)
Sinus Node Inhibitors		

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

Drug Name	Drug Tier	Requirements/ Limits
<i>cefprozil tabs</i>	1	
<i>cefuroxime axetil tabs</i>	1	
<i>cefuroxime sodium solr ij 7.5 gm, 750 mg</i>	1	
Cephalosporins - 3rd Generation		
<i>cefdinir caps</i>	1	
<i>cefdinir susr</i>	1	
<i>cefditoren pivoxil tabs 200 mg</i>	3	
<i>cefditoren pivoxil tabs 400 mg</i>	1	
<i>cefixime susr 100 mg/5ml, 200 mg/5ml</i>	1	ST
<i>cefotaxime sodium solr 1 gm, 2 gm</i>	1	
<i>cefpodoxime proxetil susr</i>	1	
<i>cefpodoxime proxetil tabs</i>	1	
<i>ceftazidime solr ij 2 gm, 1 gm, 6 gm</i>	1	
<i>ceftriaxone sodium solr ij 1 gm, 2 gm, 250 mg, 500 mg</i>	1	
CLAFORAN SOLR (Use <i>cefotaxime sodium</i>)	NF	
FORTAZ SOLR IJ 1 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>	1	
MAXIPIME SOLR IJ 1 GM, 2 GM (Use <i>cefepime hcl</i>)	NF	
Cephalosporins - 5th Generation		
TEFLARO SOLR	3	
CONTRACEPTIVES - Drugs to Prevent Pregnancy		
Combination Contraceptives - Oral		

Drug Name	Drug Tier	Requirements/ Limits
BALCOLTRA TABS	0	
BEYAZ TABS (Use drospirenone-ethinyl estradiol-levomefolate calcium)	0	
desogestrel & ethinyl estradiol tabs	0	
desogestrel-ethinyl estradiol (biphasic) tabs	0	
desogestrel-ethinyl estradiol (triphasic) tabs	0	
drospirenone-ethinyl estradiol tabs	0	
drospirenone-ethinyl estradiol-levomefolate calcium tabs	0	
ESTROSTEP FE TABS (Use norethindrone acetate-ethinyl estradiol-fe)	0	
ethynodiol diacet & eth estrad tabs	0	
FALESSA KIT	0	
GENERESS FE CHEW (Use norethindrone & ethinyl estradiol-fe)	0	
levonorgestrel & eth estradiol tabs	0	
levonorgestrel-eth estradiol (triphasic) tabs	0	
levonorgestrel-ethinyl estradiol (91-day) tabs	0	
levonorgestrel-ethinyl estradiol (continuous) tabs	0	
LO LOESTRIN FE TABS	0	
LOSEASONIQUE TABS (Use levonorgestrel-ethinyl estradiol (91-day))	0	
MINASTRIN 24 FE CHEW	0	
MINASTRIN 24 FE CHEW (Use norethin acet & estrad-fe)	0	

Drug Name	Drug Tier	Requirements/ Limits
MIRCETTE TABS (Use desogestrel-ethinyl estradiol (biphasic))	0	
NATAZIA TABS	0	
norethin acet & estrad-fe caps	0	
norethin acet & estrad-fe chew	0	
norethin acet & estrad-fe tabs	0	
norethindrone & eth estradiol tabs	0	
norethindrone & ethinyl estradiol-fe chew	0	
norethindrone acet & eth estra tabs	0	
norethindrone acetate-ethinyl estradiol-fe tabs	0	
norethindrone-eth estradiol (triphasic) tabs	0	
norgestimate-ethinyl estradiol (triphasic) tabs	0	
norgestimate-ethinyl estradiol tabs	0	
norgestrel & ethinyl estradiol tabs	0	
ORTHO TRI-CYCLEN LO TABS (Use norgestimate-ethinyl estradiol (triphasic))	0	
ORTHO TRI-CYCLEN TABS (Use norgestimate-ethinyl estradiol (triphasic))	0	
ORTHO-CYCLEN TABS (Use norgestimate-ethinyl estradiol)	0	
ORTHO-NOVUM 1/35 TABS (Use norethindrone & eth estradiol)	0	
ORTHO-NOVUM 7/7/7 TABS (Use norethindrone-eth estradiol (triphasic))	0	
QUARTETTE TABS (Use levonorgestrel-ethinyl estradiol (91-day))	0	

Drug Name	Drug Tier	Requirements/ Limits
SAFYRAL TABS (<i>Use drospirenone-ethinyl estradiol-levomefolate calcium</i>)	0	
SEASONIQUE TABS (<i>Use levonorgestrel-ethinyl estradiol (91-day)</i>)	0	
TAYTULLA CAPS (<i>Use norethin acet & estrad-fe</i>)	0	
TRI-NORINYL 28 TABS (<i>Use norethindrone-eth estradiol (triphasic)</i>)	0	
TYBLUME TABS	0	
YASMIN 28 TABS (<i>Use drospirenone-ethinyl estradiol</i>)	0	
YAZ TABS (<i>Use drospirenone-ethinyl estradiol</i>)	0	
Combination Contraceptives - Transdermal		
<i>norelgestromin-ethinyl estradiol ptwk</i>	0	
Combination Contraceptives - Vaginal		
ANNOVERA RING	0	PA
<i>etonogestrel-ethinyl estradiol ring</i>	0	
NUVARING RING (<i>Use etonogestrel-ethinyl estradiol</i>)	0	
Copper Contraceptives - IUD		
PARAGARD INTRAUTERINE COPPER CONTRACEPTIVE T380A IUD	0	
Emergency Contraceptives		
ELLA TABS	0	
<i>levonorgestrel (emergency oc) tabs</i>	0	
PLAN B ONE-STEP TABS (<i>Use levonorgestrel (emergency oc)</i>)	0	
Progestin Contraceptives - IUD		

Drug Name	Drug Tier	Requirements/ Limits
KYLEENA IUD	0	
LILETTA IUD	0	
MIRENA IUD	0	
SKYLA IUD	0	
Progestin Contraceptives - Implants		
NEXPLANON IMPL	0	
Progestin Contraceptives - Injectable		
DEPO-PROVERA CONTRACEPTIVE SUSP (<i>Use medroxyprogesterone acetate (contraceptive)</i>)	0	QL(1 ml per 90 days retail)
DEPO-PROVERA CONTRACEPTIVE SUSY (<i>Use medroxyprogesterone acetate (contraceptive)</i>)	0	QL(90 day(s) limit, 1 ml per 90 days retail)
DEPO-SUBQ PROVERA 104 SUSY	0	
<i>medroxyprogesterone acetate (contraceptive) susp</i>	0	QL(1 ml per 90 days retail)
<i>medroxyprogesterone acetate (contraceptive) susy</i>	0	QL(90 day(s) limit, 1 ml per 90 days retail)
Progestin Contraceptives - Oral		
<i>norethindrone (contraceptive) tabs</i>	0	
ORTHO MICRONOR TABS (<i>Use norethindrone (contraceptive)</i>)	0	
SLYND TABS	0	QL(1 ea daily)
CORTICOSTEROIDS - Steroid Hormone Drugs to Treat Systemic Swelling Conditions		
Glucocorticosteroids		
<i>budesonide cpep 3 mg</i>	1	PA
CELESTONE-SOLUSPAN SUSP (<i>Use betamethasone sod phosphate & acetate</i>)	NF	
CORTEF TABS (<i>Use hydrocortisone</i>)	NF	

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

Drug Name	Drug Tier	Requirements/ Limits
MILLIPRED SOLN 10 MG/5ML (<i>Use prednisolone sodium phosphate</i>)	NF	
MILLIPRED TABS 5 MG	3	
ORAPRED ODT TBDP (<i>Use prednisolone sodium phosphate</i>)	NF	
PEDIAPRED SOLN (<i>Use prednisolone sodium phosphate</i>)	NF	
<i>prednisolone sodium phosphate soln or 10 mg/5ml, 15 mg/5ml, 20 mg/5ml, 25 mg/5ml, 5 mg/5ml</i>	1	
<i>prednisolone sodium phosphate tbdp or 10 mg, 15 mg, 30 mg</i>	3	
<i>prednisolone soln</i>	1	
<i>prednisone soln</i>	1	
<i>prednisone tabs</i>	1	
<i>prednisone tbpk</i>	1	
SOLU-CORTEF SOLR 100 MG, 1000 MG, 500 MG	3	2 rti MAX fill,30 rti day(s) supply,
SOLU-CORTEF SOLR 250 MG	3	
SOLU-MEDROL SOLR 125 MG, 40 MG, 1000 MG (<i>Use methylprednisolone sod succ</i>)	NF	
SOLU-MEDROL SOLR 2 GM	3	
SOLU-MEDROL SOLR 500 MG (<i>Use methylprednisolone sod succ</i>)	1	
<i>triamcinolone acetonide susp 40 mg/ml</i>	1	
VERIPRED 20 SOLN (<i>Use prednisolone sodium phosphate</i>)	NF	
Mineralocorticoids		

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Drug Name	Drug Tier	Requirements/ Limits
<i>fludrocortisone acetate tabs</i>	1	
COUGH/COLD/ALLERGY - Drugs to Treat Cough, Cold and Allergy Symptoms		
Antitussives		
<i>benzonatate caps 100 mg</i>	1	QL(6 ea daily)
<i>benzonatate caps 150 mg</i>	1	QL(4 ea daily)
<i>benzonatate caps 200 mg</i>	1	QL(3 ea daily)
TESSALON PERLES CAPS (<i>Use benzonatate</i>)	NF	QL(6 ea daily)
Cough/Cold/Allergy Combinations		
ALLEGRA-D 12 HOUR ALLERGY & CONGESTION TB12 (<i>Use fexofenadine-pseudoephedrine</i>)	NF	QL(2 ea daily)
ALLEGRA-D 24 HOUR ALLERGY & CONGESTION TB24 (<i>Use fexofenadine-pseudoephedrine</i>)	NF	QL(1 ea daily)
<i>cetirizine-pseudoephedrine tb12</i>	1	QL(2 ea daily)
CLARITIN-D 12 HOUR TB12 (<i>Use loratadine & pseudoephedrine</i>)	1	QL(2 ea daily)
CLARITIN-D 24 HOUR TB24 (<i>Use loratadine & pseudoephedrine</i>)	1	QL(1 ea daily)
<i>fexofenadine-pseudoephedrine tb12 120 mg-60 mg</i>	1	QL(2 ea daily)
<i>fexofenadine-pseudoephedrine tb24 180 mg-240 mg</i>	1	QL(1 ea daily)
HYDROCODONE BITARTRATE/GUAIFENES IN SOLN	2	
<i>loratadine & pseudoephedrine tb12 120 mg-5 mg</i>	1	QL(2 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
<i>loratadine & pseudoephedrine tb24 10 mg-10 mg-240 mg-240 mg, 10 mg-240 mg</i>	1	QL(1 ea daily)
ZYRTEC-D ALLERGY/CONGESTION TB12 (<i>Use cetirizine-pseudoephedrine</i>)	1	QL(2 ea daily)
Misc. Respiratory Inhalants		
HYPER-SAL NEBU (<i>Use sodium chloride (inhalant)</i>)	NF	
HYPERSAL NEBU 3.5 %	1	
HYPERSAL NEBU 7 % (<i>Use sodium chloride (inhalant)</i>)	NF	
NEBUSAL NEBU	1	
<i>sodium chloride (inhalant) nebu 7 %</i>	1	
Mucolytics		
<i>acetylcysteine soln</i>	1	
DERMATOLOGICALS - Drugs to Treat Skin Conditions		
Acne Products		
<i>adapalene crea 0.1 %</i>	1	PA; AL(At least 12 yrs old)
<i>adapalene gel 0.1 %</i>	1	PA; AL(At least 12 yrs old); RX/OTC
<i>adapalene gel 0.3 %</i>	1	ST; AL(At least 12 yrs old)
<i>adapalene lotn 0.1 %</i>	1	ST; AL(At least 12 yrs old)
<i>adapalene-benzoyl peroxide gel</i>	1	ST; AL(At least 12 yrs old)
AZELEX CREA	3	ST; AL(At least 12 yrs old)
BENZAACLIN GEL (<i>Use clindamycin phosphate-benzoyl peroxide</i>)	NF	PA; AL(At least 12 yrs old)
BENZAACLIN WITH PUMP GEL (<i>Use clindamycin phosphate-benzoyl peroxide</i>)	NF	PA; AL(At least 12 yrs old)

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

Drug Name	Drug Tier	Requirements/ Limits
<i>clindamycin phosphate-benzoyl peroxide (refrigerate) gel</i>	1	PA; AL(At least 12 yrs old)
<i>clindamycin phosphate-benzoyl peroxide gel 1 %-5 %</i>	1	PA; AL(At least 12 yrs old)
<i>clindamycin phosphate-tretinoin gel</i>	1	ST; AL(At least 12 yrs old)
DIFFERIN CREA 0.1 % (<i>Use adapalene</i>)	NF	PA; AL(At least 12 yrs old)
DIFFERIN GEL 0.1 % (<i>Use adapalene</i>)	NF	PA; AL(At least 12 yrs old); RX/OTC
DIFFERIN GEL 0.3 % (<i>Use adapalene</i>)	NF	ST; AL(At least 12 yrs old)
DIFFERIN LOTN 0.1 %	1	ST; AL(At least 12 yrs old)
DUAC GEL (<i>Use clindamycin phosphate-benzoyl peroxide (refrigerate)</i>)	NF	PA; AL(At least 12 yrs old)
EPIDUO GEL (<i>Use adapalene-benzoyl peroxide</i>)	NF	ST; AL(At least 12 yrs old)
<i>erythromycin (acne aid) pads</i>	1	AL(At least 12 yrs old)
<i>erythromycin (acne aid) soln</i>	1	AL(At least 12 yrs old)
EVOCLIN FOAM (<i>Use clindamycin phosphate (topical)</i>)	NF	PA; AL(At least 12 yrs old)
<i>isotretinoin caps</i>	3	PA; AL(At least 12 yrs old)
KLARON LOTN (<i>Use sulfacetamide sodium (acne)</i>)	NF	AL(At least 12 yrs old)
PANOXYL-4 CREAMY WASH LIQD (<i>Use benzoyl peroxide</i>)	NF	AL(At least 12 yrs old)
RETIN-A CREA (<i>Use tretinoin</i>)	NF	AL(At least 12 yrs old - Up to 30 yrs old)
RETIN-A GEL (<i>Use tretinoin</i>)	NF	AL(At least 12 yrs old - Up to 30 yrs old)

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Drug Name	Drug Tier	Requirements/ Limits
RETIN-A MICRO GEL 0.1 % (<i>Use tretinoin microsphere</i>)	NF	PA; AL(At least 12 yrs old - Up to 30 yrs old)
RETIN-A MICRO PUMP GEL 0.1 % (<i>Use tretinoin microsphere</i>)	NF	PA; AL(At least 12 yrs old - Up to 30 yrs old)
<i>sulfacetamide sodium (acne) lotn</i>	1	AL(At least 12 yrs old)
<i>sulfacetamide sodium w/ sulfur crea 10 %-5 %</i>	1	AL(At least 12 yrs old)
<i>sulfacetamide sodium w/ sulfur emul 10 %-5 %</i>	1	AL(At least 12 yrs old)
<i>sulfacetamide sodium w/ sulfur liqd 4.5 %-9 %</i>	1	ST; AL(At least 12 yrs old)
<i>sulfacetamide sodium-sulfur in urea vehicle emul</i>	1	AL(At least 12 yrs old)
SUMADAN WASH LIQD (<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>	1	AL(At least 12 yrs old - Up to 30 yrs old)
<i>tretinoin gel 0.01 %, 0.025 %</i>	1	AL(At least 12 yrs old - Up to 30 yrs old)
<i>tretinoin microsphere gel 0.1 %</i>	1	PA; AL(At least 12 yrs old - Up to 30 yrs old)
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>	1	PA; QL(2 ea daily)
<i>diclofenac epolamine ptch</i>	3	PA; QL(2 ea daily)
<i>diclofenac sodium (topical) gel 1 %</i>	1	QL(3.34 gm daily); RX/OTC
FLECTOR PTCH	3	PA; QL(2 ea daily)
FLECTOR PTCH (<i>Use diclofenac epolamine</i>)	3	PA; QL(2 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
VOLTAREN GEL (<i>Use diclofenac sodium (topical)</i>)	NF	QL(3.34 gm daily); RX/OTC
Antibiotics - Topical		
ALTABAX OINT	2	
CORTISPORIN CREA	2	
CORTISPORIN OINT	2	
<i>gentamicin sulfate (topical) crea</i>	1	QL(1 gm daily)
<i>gentamicin sulfate (topical) oint</i>	1	
<i>mupirocin oint</i>	1	
NEO-SYNALAR CREA	3	PA
Antifungals - Topical		
<i>butenafine hcl crea</i>	1	RX/OTC
CICLODAN SOLUTION KIT KIT (<i>Use ciclopirox</i>)	NF	
<i>ciclopirox gel ex 0.77 %</i>	1	
<i>ciclopirox olamine crea</i>	1	QL(90 gm per fill retail)1 rtl MAX fill,30 rtl day(s) supply,
<i>ciclopirox olamine susp</i>	1	
<i>ciclopirox sham ex 1 %</i>	1	
<i>ciclopirox soln ex 8 %</i>	1	
<i>clotrimazole (topical) crea</i>	1	RX/OTC
<i>clotrimazole (topical) soln</i>	1	RX/OTC
<i>clotrimazole w/ betamethasone crea</i>	1	
<i>clotrimazole w/ betamethasone lotn</i>	1	
<i>econazole nitrate crea</i>	1	
ERTACZO CREA	3	
EXELDERM CREA (<i>Use sulconazole nitrate</i>)	3	

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Drug Name	Drug Tier	Requirements/ Limits
EXELDERM SOLN	3	
JUBLIA SOLN	3	PA
KERYDIN SOLN (<i>Use tavaborole</i>)	3	PA
<i>ketoconazole (topical) crea 2 %</i>	1	
<i>ketoconazole (topical) sham 2 %</i>	1	
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>)	1	RX/OTC
LOTRISONE CREA (<i>Use clotrimazole w/ betamethasone</i>)	NF	
<i>luliconazole crea</i>	1	PA
LUZU CREA (<i>Use luliconazole</i>)	3	PA
<i>naftifine hcl crea 1 %</i>	1	QL(3 gm daily)1 rtl MAX fill,180 rtl day(s) supply,1 mail MAX fill,180 mail day(s) supply,
<i>naftifine hcl crea 2 %</i>	1	QL(2 gm daily)1 rtl MAX fill,180 rtl day(s) supply,1 mail MAX fill,180 mail day(s) supply,

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

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Drug Name	Drug Tier	Requirements/ Limits
OXISTAT LOTN	2	Limit 1 Fill per 180 days;QL(2 ml daily)1 rtl MAX fill,180 rtl day(s) supply,1 mail MAX fill,180 mail day(s) supply,
PENLAC NAIL LACQUER SOLN (<i>Use ciclopirox</i>)	NF	
<i>sulconazole nitrate crea</i>	1	
<i>sulconazole nitrate soln</i>	1	
<i>tavaborole soln</i>	1	PA
VUSION OINT (<i>Use miconazole-zinc oxide-white petrolatum</i>)	NF	
Antineoplastic or Premalignant Lesion Agents -		
CARAC CREA (<i>Use fluorouracil (topical)</i>)	6	PA
<i>diclofenac sodium (actinic keratoses) gel</i>	1	PA; QL(3.34 gm daily)
EFUDEX CREA (<i>Use fluorouracil (topical)</i>)	NF	
FLUOROPLEX CREA	6	PA
<i>fluorouracil (topical) crea 0.5 %</i>	6	PA
<i>fluorouracil (topical) crea 5 %</i>	1	
<i>fluorouracil (topical) soln 2 %</i>	1	
<i>fluorouracil (topical) soln 5 %</i>	1	PA
LEVULAN KERASTICK SOLR	6	PA
PANRETIN GEL	6	
PICATO GEL 0.015 %	6	QL(3 ea per fill retail)1 rtl MAX fill,60 rtl day(s) supply,
PICATO GEL 0.05 %	6	QL(2 ea per fill retail)1 rtl MAX fill,60 rtl day(s) supply,

Drug Name	Drug Tier	Requirements/ Limits
TARGRETIN GEL EX 1 %	6	PA; SP
VALCHLOR GEL	6	PA
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>)	3	PA; Limit 1 fill every 180 days;QL(45 gm per fill retail,45 gm per fill mail)1 rtl MAX fill,180 rtl day(s) supply,1 mail MAX fill,180 mail day(s) supply,
ZONALON CREA (<i>Use doxepin hcl (antipruritic)</i>)	3	PA; Limit 1 fill every 180 days;QL(45 gm per fill retail,45 gm per fill mail)1 rtl MAX fill,180 rtl day(s) supply,1 mail MAX fill,180 mail day(s) supply,
Antipsoriatics		
<i>acitretin caps 10 mg, 17.5 mg</i>	1	QL(1 ea daily)
<i>acitretin caps 25 mg</i>	1	QL(2 ea daily)
<i>calcipotriene crea</i>	1	PA; QL(4 gm daily)
<i>calcipotriene oint</i>	1	PA; QL(4 gm daily)
<i>calcipotriene soln</i>	1	PA; QL(4 ml daily)

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Drug Name	Drug Tier	Requirements/ Limits
<i>calcitriol (topical) oint</i>	1	
COSENTYX SENSOREADY PEN SOAJ	4	PA
COSENTYX SOSY	4	PA
DOVONEX CREA (<i>Use calcipotriene</i>)	NF	PA; QL(4 gm daily)
ILUMYA SOSY	4	PA; MP
<i>methoxsalen rapid caps</i>	1	QL(4 ea daily)
OXSORALEN ULTRA CAPS (<i>Use methoxsalen rapid</i>)	NF	QL(4 ea daily)
SILIQ SOSY	4	PA
SKYRIZI PSKT	4	PA
SORIATANE CAPS 10 MG (<i>Use acitretin</i>)	NF	QL(1 ea daily)
SORIATANE CAPS 25 MG (<i>Use acitretin</i>)	NF	QL(2 ea daily)
STELARA SOLN SC 45 MG/0.5ML	4	PA
STELARA SOSY SC 45 MG/0.5ML, 90 MG/ML	4	PA; SP
TALTZ SOAJ	4	PA
TALTZ SOSY	4	PA
<i>tazarotene crea</i>	1	
TAZORAC CREA 0.05 %	2	
TAZORAC CREA 0.1 % (<i>Use tazarotene</i>)	NF	
TAZORAC GEL 0.05 %, 0.1 %	2	
TREMFYA SOPN	4	PA
TREMFYA SOSY	4	PA
VECTICAL OINT (<i>Use calcitriol (topical)</i>)	1	
Antiseborrheic Products		
<i>selenium sulfide lotn</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
Antivirals - Topical		
<i>acyclovir topical crea</i>	1	
<i>acyclovir topical oint</i>	1	
DENAVIR CREA	3	
ZOVIRAX CREA EX 5 % (<i>Use acyclovir topical</i>)	3	
ZOVIRAX OINT EX 5 % (<i>Use acyclovir topical</i>)	NF	
Burn Products		
<i>mafenide acetate pack</i>	3	
SILVADENE CREA (<i>Use silver sulfadiazine</i>)	NF	
<i>silver sulfadiazine crea</i>	1	
SULFAMYLON CREA 85 MG/GM	3	
SULFAMYLON PACK 5 % (<i>Use mafenide acetate</i>)	NF	
Corticosteroids - Topical		
<i>alclometasone dipropionate crea</i>	1	
<i>alclometasone dipropionate oint</i>	1	
<i>amcinonide crea</i>	1	QL(60 gm per fill retail,60 gm per fill mail)1 rtl MAX fill,30 rtl day(s) supply,1 mail MAX fill,30 mail day(s) supply,
<i>amcinonide lotn</i>	3	
AMCINONIDE OINT	3	
<i>betamethasone dipropionate (topical) crea</i>	1	
<i>betamethasone dipropionate (topical) lotn</i>	1	
<i>betamethasone dipropionate (topical) oint</i>	1	

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Drug Name	Drug Tier	Requirements/ Limits
<i>betamethasone dipropionate augmented crea</i>	1	
<i>betamethasone dipropionate augmented lotn</i>	1	
<i>betamethasone dipropionate augmented oint</i>	1	
<i>betamethasone valerate crea</i>	1	
<i>betamethasone valerate foam</i>	1	
<i>betamethasone valerate lotn</i>	1	
<i>betamethasone valerate oint</i>	1	
<i>calcipotriene-betamethasone dipropionate oint</i>	1	ST
<i>calcipotriene-betamethasone dipropionate susp</i>	1	ST
<i>clobetasol propionate crea</i>	1	PA; QL(3 gm daily)
<i>clobetasol propionate emollient base crea</i>	1	PA; QL(1 gm daily)
<i>clobetasol propionate foam</i>	1	ST; QL(3 gm daily)
<i>clobetasol propionate gel</i>	1	ST; QL(2 gm daily)
<i>clobetasol propionate oint</i>	1	PA; QL(1 gm daily)
<i>clobetasol propionate soln</i>	1	PA; QL(3.34 ml daily)
<i>clocortolone pivalate crea</i>	3	
CLODERM CREA	3	
CLODERM CREA (Use <i>clocortolone pivalate</i>)	3	
CLODERM PUMP CREA	3	
CORDRAN CREA 0.05 % (Use <i>flurandrenolide</i>)	NF	
CORDRAN LOTN 0.05 % (Use <i>flurandrenolide</i>)	NF	

Drug Name	Drug Tier	Requirements/ Limits
CORDRAN TAPE 4 MCG/SQCM	3	
CUTIVATE LOTN (Use <i>fluticasone propionate</i>)	NF	
DERMA-SMOOTH/FS BODY OIL (Use <i>fluocinolone acetonide</i>)	NF	QL(118.28 ml per fill retail)1 rtl MAX fill,30 rtl day(s) supply,
DERMA-SMOOTH/FS SCALP OIL (Use <i>fluocinolone acetonide</i>)	NF	
<i>desonide crea</i>	1	QL(4 gm daily)
<i>desonide lotn</i>	1	QL(4 ml daily)
<i>desonide oint</i>	1	QL(3 gm daily)
DESOWEN CREA (Use <i>desonide</i>)	NF	QL(4 gm daily)
DESOWEN LOTN (Use <i>desonide</i>)	NF	QL(4 ml daily)
<i>desoximetasone crea 0.25 %</i>	1	
<i>desoximetasone gel 0.05 %</i>	1	
<i>desoximetasone oint 0.25 %</i>	1	
<i>diflorasone diacetate crea</i>	1	PA
<i>diflorasone diacetate oint</i>	1	PA
DIPROLENE AF CREA (Use <i>betamethasone dipropionate augmented</i>)	NF	
DIPROLENE OINT (Use <i>betamethasone dipropionate augmented</i>)	NF	
ELOCON CREA (Use <i>mometasone furoate</i>)	NF	
ELOCON OINT (Use <i>mometasone furoate</i>)	NF	
<i>fluocinolone acetonide crea 0.01 %, 0.025 %</i>	1	
<i>fluocinolone acetonide oil 0.01 %</i>	1	QL(118.28 ml per fill retail)1 rtl MAX fill,30 rtl day(s) supply,

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Drug Name	Drug Tier	Requirements/ Limits
<i>fluocinolone acetonide oil 0.01 %</i>	1	
<i>fluocinolone acetonide oint 0.025 %</i>	1	
<i>fluocinolone acetonide soln 0.01 %</i>	1	
<i>fluocinonide crea 0.05 %</i>	1	QL(4 gm daily)
<i>fluocinonide emulsified base crea</i>	1	
<i>fluocinonide gel 0.05 %</i>	1	
<i>fluocinonide oint 0.05 %</i>	1	
<i>fluocinonide soln 0.05 %</i>	1	
<i>flurandrenolide crea</i>	2	QL(2 gm daily)
<i>flurandrenolide lotn</i>	2	QL(2 ml daily)
<i>fluticasone propionate crea</i>	1	
<i>fluticasone propionate lotn</i>	1	
<i>fluticasone propionate oint</i>	1	
<i>halcinonide crea</i>	1	PA
<i>halobetasol propionate crea</i>	1	
<i>halobetasol propionate oint</i>	1	
HALOG CREA (Use <i>halcinonide</i>)	3	PA
HALOG OINT	3	PA
<i>hydrocortisone (topical) crea 1 %</i>	1	RX/OTC
<i>hydrocortisone (topical) crea 2.5 %</i>	1	
<i>hydrocortisone (topical) lotn 2.5 %</i>	1	
<i>hydrocortisone (topical) oint 1 %</i>	1	RX/OTC
<i>hydrocortisone (topical) oint 2.5 %</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
HYDROCORTISONE ACETATE/LIDOCAINE HYDROCHLORIDE CREA (Use <i>lidocaine-hydrocortisone acetate</i>)	NF	
<i>hydrocortisone butyrate crea</i>	1	
<i>hydrocortisone butyrate oint</i>	1	
<i>hydrocortisone butyrate soln</i>	1	
<i>hydrocortisone valerate crea</i>	1	
<i>hydrocortisone valerate oint</i>	1	
LOCOID CREA (Use <i>hydrocortisone butyrate</i>)	NF	
LOCOID SOLN (Use <i>hydrocortisone butyrate</i>)	NF	
LUXIQ FOAM (Use <i>betamethasone valerate</i>)	NF	
<i>mometasone furoate crea</i>	1	
<i>mometasone furoate oint</i>	1	
<i>mometasone furoate soln</i>	1	
MONISTAT SOOTHING CARE ITCH RELIEF CREA (Use <i>hydrocortisone (topical)</i>)	NF	RX/OTC
OLUX FOAM (Use <i>clobetasol propionate</i>)	NF	ST; QL(3 gm daily)
<i>prednicarbate crea</i>	1	
<i>prednicarbate oint</i>	1	
PSORCON CREA	2	PA
SYNALAR CREA (Use <i>fluocinolone acetonide</i>)	NF	
SYNALAR OINT (Use <i>fluocinolone acetonide</i>)	NF	
SYNALAR SOLN (Use <i>fluocinolone acetonide</i>)	NF	

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Drug Name	Drug Tier	Requirements/ Limits
TACLONEX OINT (<i>Use calcipotriene-betamethasone dipropionate</i>)	NF	ST
TACLONEX SUSP (<i>Use calcipotriene-betamethasone dipropionate</i>)	3	ST
TEMOVATE CREA (<i>Use clobetasol propionate</i>)	NF	PA; QL(3 gm daily)
TEMOVATE OINT (<i>Use clobetasol propionate</i>)	NF	PA; QL(1 gm daily)
TOPICORT CREA 0.25 % (<i>Use desoximetasone</i>)	NF	
TOPICORT GEL 0.05 % (<i>Use desoximetasone</i>)	NF	
TOPICORT OINT 0.25 % (<i>Use desoximetasone</i>)	NF	
<i>triamcinolone acetonide (topical) crea 0.025 %, 0.5 %, 0.1 %</i>	1	
<i>triamcinolone acetonide (topical) lotn 0.025 %, 0.1 %</i>	1	
<i>triamcinolone acetonide (topical) oint 0.025 %, 0.1 %, 0.5 %</i>	1	
<i>triamcinolone acetonide-dimethicone-silicone kit</i>	1	PA
TRIDESILON CREA (<i>Use desonide</i>)	NF	QL(4 gm daily)
ULTRAVATE CREA (<i>Use halobetasol propionate</i>)	NF	
ULTRAVATE OINT (<i>Use halobetasol propionate</i>)	NF	
Eczema Agents		
DUPIXENT SOSY 200 MG/1.14ML, 300 MG/2ML	4	PA
Emollient/Keratolytic Agents		
HYDRO 35 FOAM (<i>Use urea in lactic acid vehicle</i>)	NF	
Emollients		
LAC-HYDRIN CREA (<i>Use lactic acid (ammonium lactate)</i>)	NF	RX/OTC

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

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Drug Name	Drug Tier	Requirements/ Limits
LIDODERM PTCH (<i>Use lidocaine</i>)	NF	PA
SYNERA PTCH	3	QL(10 ea per fill retail,10 ea per fill mail)1 rti MAX fill,30 rti 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		
azelaic acid gel	1	PA
FINACEA GEL (<i>Use azelaic acid</i>)	NF	PA
METROCREAM CREA (<i>Use metronidazole (topical)</i>)	NF	
METROGEL GEL (<i>Use metronidazole (topical)</i>)	NF	
METROLOTION LOTN (<i>Use metronidazole (topical)</i>)	NF	
metronidazole (<i>topical</i>) crea	1	
metronidazole (<i>topical</i>) gel	1	
metronidazole (<i>topical</i>) lotn	1	
MIRVASO GEL	3	PA; QL(1 gm daily)
ORACEA CPDR (<i>Use doxycycline (rosacea)</i>)	NF	
SOOLANTRA CREA (<i>Use ivermectin (rosacea)</i>)	NF	
Scabicides & Pediculicides		
crotamiton lotn	1	PA
ELIMITE CREA (<i>Use permethrin</i>)	NF	
EURAX CREA	3	
EURAX LOTN (<i>Use crotamiton</i>)	NF	PA

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

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

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

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Drug Name	Drug Tier	Requirements/ Limits
Thiazides and Thiazide-Like Diuretics		
<i>chlorothiazide tabs</i>	1	
<i>chlorthalidone tabs</i>	1	
<i>hydrochlorothiazide caps</i>	1	QL(2 ea daily)
<i>hydrochlorothiazide tabs</i>	1	QL(2 ea daily)
<i>indapamide tabs 1.25 mg</i>	1	QL(1 ea daily)
<i>indapamide tabs 2.5 mg</i>	1	QL(2 ea daily)
<i>methyclothiazide tabs</i>	1	
<i>metolazone tabs</i>	1	QL(2 ea daily)
MICROZIDE CAPS (<i>Use hydrochlorothiazide</i>)	NF	QL(2 ea daily)
ENDOCRINE AND METABOLIC AGENTS - MISC. - Drugs to Treat Bone Disease and Regulate Hormones		
Bone Density Regulators		
ACTONEL TABS 150 MG (<i>Use risedronate sodium</i>)	NF	PA; QL(0.036 ea daily)
ACTONEL TABS 35 MG (<i>Use risedronate sodium</i>)	NF	PA; QL(0.143 ea daily)
ACTONEL TABS 5 MG (<i>Use risedronate sodium</i>)	NF	PA; QL(1 ea daily)
<i>alendronate sodium tabs 35 mg, 70 mg</i>	1	QL(0.143 ea daily)
<i>alendronate sodium tabs 40 mg, 10 mg, 5 mg</i>	1	QL(1 ea daily)
ATELVIA TBEC (<i>Use risedronate sodium</i>)	NF	PA
BONIVA SOLN IV 3 MG/3ML (<i>Use ibandronate sodium</i>)	NF	PA; SP
BONIVA TABS OR 150 MG (<i>Use ibandronate sodium</i>)	NF	QL(0.036 ea daily)
<i>calcitonin (salmon) soln</i>	1	
<i>etidronate disodium tabs</i>	1	
FORTEO SOPN	4	PA; QL(0.09 ml daily); SP

Drug Name	Drug Tier	Requirements/ Limits
FOSAMAX PLUS D TABS	3	PA; QL(0.143 ea daily)
FOSAMAX TABS (<i>Use alendronate sodium</i>)	NF	QL(0.143 ea daily)
<i>ibandronate sodium soln iv 3 mg/3ml</i>	4	PA; SP
<i>ibandronate sodium tabs or 150 mg</i>	1	QL(0.036 ea daily)
<i>pamidronate disodium soln 30 mg/10ml, 90 mg/10ml</i>	4	PA; SP
PAMIDRONATE DISODIUM SOLN 6 MG/ML	4	PA; SP
<i>pamidronate disodium solr 30 mg, 90 mg</i>	4	PA; SP
PROLIA SOSY	4	PA; 1 rti MAX fill, 180 rti day(s) supply,; SP
RECLAST SOLN (<i>Use zoledronic acid</i>)	NF	PA; SP
<i>risedronate sodium tabs 150 mg</i>	1	PA; QL(0.036 ea daily)
<i>risedronate sodium tabs 30 mg, 5 mg</i>	1	PA; QL(1 ea daily)
<i>risedronate sodium tabs 35 mg</i>	1	PA; QL(0.143 ea daily)
<i>risedronate sodium tbec 35 mg</i>	1	PA
TYMLOS SOPN	4	PA;
XGEVA SOLN	4	PA; SP
<i>zoledronic acid conc 4 mg/5ml</i>	4	PA; SP
ZOLEDRONIC ACID SOLN 4 MG/100ML	4	PA; SP
<i>zoledronic acid soln 4 mg/100ml, 5 mg/100ml</i>	4	PA; SP
ZOLEDRONIC ACID SOLR 4 MG	4	PA; SP
ZOMETA CONC 4 MG/5ML (<i>Use zoledronic acid</i>)	NF	PA; SP
ZOMETA SOLN 4 MG/100ML	4	PA; SP

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Drug Name	Drug Tier	Requirements/ Limits
Corticotropin		
ACTHAR GEL	4	PA
Fertility Regulators		
CHORIONIC GONADOTROPIN SOLR	4	PA; SP
NOVAREL SOLR 10000 UNIT	4	PA; SP
PREGNYL W/DILUENT BENZYLALCOHOL/NACL SOLR	4	PA; SP
GnRH/LHRH Antagonists		
CETROTIDE KIT	4	PA
<i>ganirelix acetate sosy</i>	4	PA
GANIRELIX ACETATE SOSY (<i>Use ganirelix acetate</i>)	4	PA
Growth Hormone Receptor Antagonists		
SOMAVERT SOLR 10 MG, 15 MG, 20 MG	4	PA; SP
Growth Hormone Releasing Hormones (GHRH)		
EGRIFTA SOLR	4	PA
EGRIFTA SV SOLR	4	PA
Growth Hormones		
GENOTROPIN MINIQUICK SOLR 0.2 MG	4	PA; SP
GENOTROPIN SOLR 5 MG	4	PA; SP
HUMATROPE COMBO PACK SOLR	4	PA; SP
HUMATROPE SOLR	4	PA; SP
NORDITROPIN FLEXPRO SOPN 10 MG/1.5ML, 15 MG/1.5ML, 5 MG/1.5ML	4	PA; SP
NORDITROPIN FLEXPRO SOPN 30 MG/3ML	4	PA
NUTROPIN AQ NUSPIN 10 SOPN	4	PA; SP
OMNITROPE SOCT 10 MG/1.5ML, 5 MG/1.5ML	4	PA; SP

Drug Name	Drug Tier	Requirements/ Limits
SAIZEN SOLR	4	PA; SP
SAIZENPREP RECONSTITUTIONKIT SOLR	4	PA; SP
SEROSTIM SOLR	4	PA; SP
ZOMACTON SOLR	4	PA; SP
ZORBTIVE SOLR	4	PA; SP
Hormone Receptor Modulators		
EVISTA TABS (<i>Use raloxifene hcl</i>)	NF	QL(1 ea daily)
OSPHEA 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	6	PA; SP
LUPANETA PACK KIT	4	PA
LUPRON DEPOT-PED (1-MONTH) KIT	6	PA; SP
LUPRON DEPOT-PED (3-MONTH) KIT 11.25 MG	6	PA
LUPRON DEPOT-PED (3-MONTH) KIT 30 MG	6	PA; SP
SYNAREL SOLN	4	PA; SP
Metabolic Modifiers		
ALDURAZYME SOLN	4	PA; SP
BUPHENYL POWD (<i>Use sodium phenylbutyrate</i>)	NF	PA
BUPHENYL TABS (<i>Use sodium phenylbutyrate</i>)	NF	PA
<i>calcitriol caps</i>	1	
<i>calcitriol soln</i>	1	
CARBAGLU TABS	4	PA; SP

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Drug Name	Drug Tier	Requirements/ Limits
<i>cinacalcet hcl tabs</i>	4	PA; QL(4 ea daily); SP
CYSTADANE POWD	4	PA; SP
<i>doxercalciferol caps</i>	1	
<i>doxercalciferol soln</i>	1	
ELAPRASE SOLN	4	PA; SP
FABRAZYME SOLR 35 MG	4	PA; SP
GALAFOLD CAPS	4	PA; QL(0.5 ea daily)
HECTOROL SOLN 4 MCG/2ML (<i>Use doxercalciferol</i>)	NF	
KUVAN PACK 100 MG, 500 MG (<i>Use sapropterin dihydrochloride</i>)	4	PA
KUVAN TBSO 100 MG (<i>Use sapropterin dihydrochloride</i>)	4	PA; SP
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>)	4	PA; SP
PALYNZIQ SOSY	4	PA
<i>paricalcitol caps</i>	1	
<i>paricalcitol soln</i>	1	
ROCALtrol CAPS (<i>Use calcitriol</i>)	NF	
ROCALtrol SOLN (<i>Use calcitriol</i>)	NF	
<i>sapropterin dihydrochloride pack 100 mg, 500 mg</i>	4	PA
<i>sapropterin dihydrochloride tbso 100 mg</i>	4	PA; SP

Drug Name	Drug Tier	Requirements/ Limits
SENSIPAR TABS (<i>Use cinacalcet hcl</i>)	NF	PA; QL(4 ea daily); SP
<i>sodium phenylbutyrate powd</i>	1	PA
<i>sodium phenylbutyrate tabs</i>	1	PA
ZEMPLAR CAPS (<i>Use paricalcitol</i>)	NF	
ZEMPLAR SOLN (<i>Use paricalcitol</i>)	NF	
Posterior Pituitary Hormones		
DDAVP SOLN IJ 4 MCG/ML (<i>Use desmopressin acetate</i>)	NF	PA
DDAVP SOLN NA 0.01 % (<i>Use desmopressin acetate spray</i>)	NF	
DDAVP TABS OR 0.1 MG (<i>Use desmopressin acetate</i>)	NF	QL(6 ea daily)
DDAVP TABS OR 0.2 MG (<i>Use desmopressin acetate</i>)	NF	QL(8 ea daily)
<i>desmopressin acetate soln ij 4 mcg/ml</i>	1	PA
<i>desmopressin acetate spray refrigerated soln</i>	1	
<i>desmopressin acetate spray soln</i>	1	
<i>desmopressin acetate tabs or 0.1 mg</i>	1	QL(6 ea daily)
<i>desmopressin acetate tabs or 0.2 mg</i>	1	QL(8 ea daily)
STIMATE SOLN	4	PA; SP
Prolactin Inhibitors		
<i>cabergoline tabs</i>	1	
Somatostatic Agents		
<i>octreotide acetate soln</i>	4	PA; SP
SANDOSTATIN SOLN (<i>Use octreotide acetate</i>)	NF	PA; SP
SIGNIFOR SOLN	4	PA

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SOMATULINE DEPOT SOLN 120 MG/0.5ML	4	PA; QL(0.0179 ml daily); SP
SOMATULINE DEPOT SOLN 60 MG/0.2ML	4	PA; QL(0.0075 ml daily); SP
SOMATULINE DEPOT SOLN 90 MG/0.3ML	4	PA; QL(0.011 ml daily); SP
Vasopressin Receptor Antagonists		
JYNARQUE TABS 15 MG, 30 MG	4	PA; QL(2 ea daily); SP
JYNARQUE TBPB	4	PA
SAMSCA TABS (<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
FEMHRT LOW DOSE TABS (<i>Use norethindrone acetate-ethinyl estradiol</i>)	NF	
<i>norethindrone acetate-ethinyl estradiol tabs</i>	1	
PREMPHASE TABS	2	
PREMPRO TABS	2	
Estrogens		
CLIMARA PTWK (<i>Use estradiol</i>)	NF	
DELESTROGEN OIL 10 MG/ML	1	
DELESTROGEN OIL 20 MG/ML, 40 MG/ML (<i>Use estradiol valerate</i>)	NF	
DEPO-ESTRADIOL OIL	3	
DIVIGEL GEL 0.25 MG/0.25GM, 0.5 MG/0.5GM, 1 MG/GM	3	
ELESTRIN GEL	3	

Drug Name	Drug Tier	Requirements/ Limits
ESTRACE TABS (<i>Use estradiol</i>)	NF	
<i>estradiol pttw td 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr</i>	1	QL(0.286 ea daily)
<i>estradiol ptwk td 0.05 mg/24hr, 0.06 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr, 37.5 mcg/24hr, 0.025 mg/24hr</i>	1	
<i>estradiol tabs or 0.5 mg, 1 mg, 2 mg</i>	1	
<i>estradiol valerate oil</i>	1	
ESTROGEL GEL	3	
EVAMIST SOLN	3	
MENEST TABS	3	
MENOSTAR PTWK	3	
MINIVELLE PTTW (<i>Use estradiol</i>)	NF	QL(0.286 ea daily)
PREMARIN SOLR	2	
PREMARIN TABS	2	
VIVELLE-DOT PTTW (<i>Use estradiol</i>)	NF	QL(0.286 ea daily)
FLUOROQUINOLONES - Drugs to Treat Bacterial Infections		
Fluoroquinolones		
AVELOX SOLN IV 0.8 %-400 MG/250ML	1	
AVELOX TABS OR 400 MG (<i>Use moxifloxacin hcl</i>)	NF	
BAXDELA SOLR	3	PA
BAXDELA TABS	3	PA
CIPRO SUSR 5 GM/100ML, 500 MG/5ML	2	2 rtl MAX fill,30 rtl day(s) supply,
CIPRO TABS 250 MG, 500 MG (<i>Use ciprofloxacin hcl</i>)	NF	

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Drug Name	Drug Tier	Requirements/ Limits
<i>ciprofloxacin hcl tabs</i>	1	
<i>ciprofloxacin in d5w soln 200 mg/100ml-5 %</i>	3	
<i>ciprofloxacin susr</i>	1	2 rtl MAX fill,30 rtl day(s) supply,
<i>ciprofloxacin-ciprofloxacin hcl tb24</i>	1	
LEVAQUIN TABS (Use <i>levofloxacin</i>)	NF	
<i>levofloxacin in d5w soln 5 %-500 mg/100ml</i>	1	
<i>levofloxacin soln</i>	1	
<i>levofloxacin tabs</i>	1	
MOXIFLOXACIN HYDROCHLORIDE/SODIUM HYDROCHLORIDE SOLN	1	
<i>moxifloxacin hcl tabs</i>	1	
<i>ofloxacin tabs</i>	1	
GASTROINTESTINAL AGENTS - MISC. - Miscellaneous Gastrointestinal Drugs		
Bile Acid Synthesis Disorder Agents		
CHOLBAM CAPS	4	PA; SP
Gallstone Solubilizing Agents		
ACTIGALL CAPS (Use <i>ursodiol</i>)	NF	
URSO 250 TABS (Use <i>ursodiol</i>)	NF	
URSO FORTE TABS (Use <i>ursodiol</i>)	NF	
<i>ursodiol caps</i>	1	
<i>ursodiol tabs</i>	1	
Gastrointestinal Chloride Channel Activators		
AMITIZA CAPS	2	PA; QL(2 ea daily)
Gastrointestinal Stimulants		

Drug Name	Drug Tier	Requirements/ Limits
<i>metoclopramide hcl soln ij 5 mg/ml</i>	1	
<i>metoclopramide hcl soln or 10 mg/10ml, 5 mg/5ml</i>	1	QL(60 ml daily)
<i>metoclopramide hcl tabs or 5 mg, 10 mg</i>	1	QL(6 ea daily)
REGLAN TABS (Use <i>metoclopramide hcl</i>)	NF	QL(6 ea daily)
Inflammatory Bowel Agents		
APRISO CP24 (Use <i>mesalamine</i>)	2	
ASACOL HD TBEC (Use <i>mesalamine</i>)	NF	QL(6 ea daily)
AZULFIDINE EN-TABS TBEC (Use <i>sulfasalazine</i>)	NF	
AZULFIDINE TABS (Use <i>sulfasalazine</i>)	NF	
<i>balsalazide disodium caps</i>	1	
CANASA SUPP (Use <i>mesalamine</i>)	NF	
CIMZIA KIT	4	PA; QL(0.0714 ea daily); SP
CIMZIA STARTER KIT KIT	4	PA; QL(0.214 ea daily); SP
COLAZAL CAPS (Use <i>balsalazide disodium</i>)	NF	
DELZICOL CPDR (Use <i>mesalamine</i>)	NF	
DIPENTUM CAPS	2	
ENTYVIO SOLR	4	PA
INFLECTRA SOLR	4	PA; 30 rtl lmt day(s),30 mail lmt day(s),
LIALDA TBEC (Use <i>mesalamine</i>)	NF	
<i>mesalamine cp24 or 0.375 gm</i>	1	
<i>mesalamine cpdr or 400 mg</i>	1	
<i>mesalamine enem re 4 gm</i>	1	
<i>mesalamine supp re 1000 mg</i>	1	

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

Drug Name	Drug Tier	Requirements/ Limits
RENVELA TABS (<i>Use sevelamer carbonate</i>)	NF	
<i>sevelamer carbonate pack</i>	1	
<i>sevelamer carbonate tabs</i>	1	
VELPHORO CHEW	3	PA
GENITOURINARY AGENTS - MISCELLANEOUS - Miscellaneous Drugs to Treat Reproductive Organs and Urinary System		
Alkalinizers		
<i>potassium citrate (alkalinizer) tbc 1080 mg</i>	1	
<i>sodium citrate & citric acid soln</i>	1	RX/OTC
UROKIT-K 10 TBCR (<i>Use potassium citrate (alkalinizer)</i>)	NF	
Cystinosis Agents		
CYSTAGON CAPS	3	PA
Genitourinary Irrigants		
<i>acetic acid soln</i>	1	
<i>glycine (gu irrigant) soln</i>	1	
RESECTISOL SOLN	1	
<i>sodium chloride (gu irrigant) soln</i>	1	
SORBITOL SOLN	1	
SORBITOL-MANNITOL SOLN	1	
SORBITOL/MANNITOL IRRIGATION SOLN	1	
Interstitial Cystitis Agents		
ELMIRON CAPS	2	
Prostatic Hypertrophy Agents		
<i>alfuzosin hcl tb24</i>	1	QL(1 ea daily)
AVODART CAPS (<i>Use dutasteride</i>)	NF	QL(1 ea daily)

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<i>dutasteride caps</i>	1	QL(1 ea daily)
<i>finasteride tabs</i>	1	5 mg only
FLOMAX CAPS (<i>Use tamsulosin hcl</i>)	NF	
PROSCAR TABS (<i>Use finasteride</i>)	NF	5 mg only
RAPAFLO CAPS (<i>Use silodosin</i>)	NF	
<i>silodosin caps 8 mg, 4 mg</i>	1	
<i>tamsulosin hcl caps</i>	1	
UROXATRAL TB24 (<i>Use alfuzosin hcl</i>)	NF	QL(1 ea daily)
Urinary Analgesics		
<i>phenazopyridine hcl tabs</i>	1	
PYRIDIDIUM TABS (<i>Use phenazopyridine hcl</i>)	NF	
GOUT AGENTS - Drugs to Treat Gout		
Gout Agent Combinations		
<i>colchicine w/ probenecid tabs</i>	1	
DUZALLO TABS	3	PA
Gout Agents		
<i>allopurinol tabs</i>	1	
<i>colchicine tabs</i>	1	QL(1 ea daily)
COLCRYS TABS (<i>Use colchicine</i>)	2	QL(6 ea per fill retail, 6 ea per fill mail)
<i>febuxostat tabs</i>	1	PA; QL(1 ea daily)
KRYSTEXXA SOLN	4	PA
MITIGARE CAPS (<i>Use colchicine</i>)	NF	
ULORIC TABS (<i>Use febuxostat</i>)	3	PA; QL(1 ea daily)
ZURAMPIC TABS	3	PA

Drug Name	Drug Tier	Requirements/ Limits
ZYLOPRIM TABS (<i>Use allopurinol</i>)	NF	
Uricosurics		
<i>probenecid tabs</i>	1	
HEMATOLOGICAL AGENTS - MISC. - Drugs to Treat Blood Disorders		
Bradykinin B2 Receptor Antagonists		
FIRAZYR SOLN (<i>Use icatibant acetate</i>)	4	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
Hemataologic - Tyrosine Kinase Inhibitors		
TAVALISSE TABS	4	PA
Hematorheologic Agents		
<i>pentoxifylline tbc</i>	1	QL(3 ea daily)
Plasma Kallikrein Inhibitors		
TAKHZYRO SOLN	4	PA;
Platelet Aggregation Inhibitors		
AGGRENOLX CP12 (<i>Use aspirin-dipyridamole</i>)	NF	PA; QL(2 ea daily)
AGRYLIN CAPS (<i>Use anagrelide hcl</i>)	NF	
<i>anagrelide hcl caps</i>	1	
<i>aspirin-dipyridamole cp12</i>	1	PA; QL(2 ea daily)
BRILINTA TABS	2	
CABLIVI KIT	4	PA
<i>cilostazol tabs</i>	1	

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Drug Name	Drug Tier	Requirements/ Limits
<i>clopidogrel bisulfate tabs 300 mg</i>	1	
<i>clopidogrel bisulfate tabs 75 mg</i>	1	QL(1 ea daily)
<i>dipyridamole tabs</i>	1	
EFFIENT TABS (<i>Use prasugrel hcl</i>)	NF	QL(1 ea daily)
PLAVIX TABS 300 MG (<i>Use clopidogrel bisulfate</i>)	NF	
PLAVIX TABS 75 MG (<i>Use clopidogrel bisulfate</i>)	NF	QL(1 ea daily)
<i>prasugrel hcl tabs</i>	1	QL(1 ea daily)
REOPRO SOLN	3	
ZONTIVITY TABS	3	PA
HEMATOPOIETIC AGENTS - Drugs to Treat Blood Disorders		
Agents for Gaucher Disease		
CERDELGA CAPS	4	PA; QL(2 ea daily)
CEREZYME SOLR	4	PA; SP
ELELYSO SOLR	4	PA; SP
<i>miglustat caps</i>	4	PA; QL(3 ea daily); SP
VPRIV SOLR	4	PA; SP
ZAVESCA CAPS (<i>Use miglustat</i>)	NF	PA; QL(3 ea daily); SP
Agents for Sickle Cell Disease		
DROXIA CAPS	3	
OXBRYTA TABS	4	PA
Cobalamins		
<i>cyanocobalamin soln ij 1000 mcg/ml</i>	1	QL(1 ml daily)
Folic Acid/Folates		
<i>folic acid tabs or 1 mg</i>	0	RX/OTC
<i>folic acid tabs or 800 mcg, 400 mcg</i>	0	

Drug Name	Drug Tier	Requirements/ Limits
Hematopoietic Growth Factors		
ARANESP ALBUMIN FREE SOLN 100 MCG/ML, 40 MCG/ML, 60 MCG/ML	4	PA; SP
ARANESP ALBUMIN FREE SOLN 25 MCG/ML	4	SP
ARANESP ALBUMIN FREE SOSY 150 MCG/0.3ML, 200 MCG/0.4ML, 300 MCG/0.6ML, 500 MCG/ML	4	PA; SP
DOPTelet TABS	4	PA
EPOGEN SOLN	3	PA; SP
FULPHILA SOSY	4	PA;
LEUKINE SOLR	4	PA; SP
MIRCERA SOSY	4	PA
MULPLETA TABS	4	PA
NEULASTA ONPRO KIT PSKT	4	PA; SP
NEULASTA SOSY	4	PA; SP
NEUPOGEN SOLN	4	PA; SP
NEUPOGEN SOSY	4	PA; SP
NIVESTYM SOSY 300 MCG/0.5ML, 480 MCG/0.8ML	4	PA
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

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Drug Name	Drug Tier	Requirements/ Limits
RETACRIT SOLN 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/2ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML	4	PA
UDENYCA SOSY	4	PA
ZARXIO SOSY	4	PA; 30 rti lmt day(s), 30 mail lmt day(s),
Hematopoietic Mixtures		
<i>ferrous fumarate-folic acid tabs</i>	1	QL(1 ea daily)
Iron		
FER-IN-SOL SOLN (<i>Use ferrous sulfate</i>)	0	AL(Up to 1 yrs old)
<i>ferrous sulfate soln or 15 mg/ml</i>	0	AL(Up to 1 yrs old)
<i>ferrous sulfate tabs or 325 mg, 65 mg</i>	0	
<i>ferrous sulfate tbec or 325 mg</i>	0	
Stem Cell Mobilizers		
MOZOBIL SOLN	4	PA; SP
HEMOSTATICS - Drugs to Stop Bleeding/Treat Blood Disorders		
Hemostatics - Systemic		
AMICAR TABS 1000 MG, 500 MG (<i>Use aminocaproic acid</i>)	NF	PA
<i>aminocaproic acid tabs or 1000 mg, 500 mg</i>	1	PA
CYKLOKAPRON SOLN (<i>Use tranexamic acid</i>)	NF	
LYSTEDA TABS (<i>Use tranexamic acid</i>)	NF	
<i>tranexamic acid soln</i>	1	
<i>tranexamic acid tabs</i>	1	
HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS		
Barbiturate Hypnotics		

Drug Name	Drug Tier	Requirements/ Limits
<i>phenobarbital elix 20 mg/5ml</i>	1	
<i>phenobarbital soln 20 mg/5ml</i>	1	
<i>phenobarbital tabs 100 mg, 15 mg, 30 mg, 64.8 mg, 97.2 mg, 16.2 mg, 32.4 mg</i>	1	
Hypnotics - Tricyclic Agents		
<i>doxepin hcl (sleep) tabs</i>	1	PA; QL(1 ea daily)
SILENOR TABS (<i>Use doxepin hcl (sleep)</i>)	3	PA; QL(1 ea daily)
Non-Barbiturate Hypnotics		
AMBIEN CR TBCR (<i>Use zolpidem tartrate</i>)	NF	ST; Must try immediate release zolpidem.; QL(1 ea daily)
AMBIEN TABS (<i>Use zolpidem tartrate</i>)	NF	QL(1 ea daily); AL(At least 18 yrs old)
DORAL TABS (<i>Use quazepam</i>)	NF	
<i>estazolam tabs</i>	1	
<i>eszopiclone tabs</i>	1	ST; QL(1 ea daily); AL(At least 18 yrs old)
HALCION TABS (<i>Use triazolam</i>)	NF	
LUNESTA TABS (<i>Use eszopiclone</i>)	NF	ST; QL(1 ea daily); AL(At least 18 yrs old)
RESTORIL CAPS (<i>Use temazepam</i>)	NF	QL(1 ea daily)
<i>temazepam caps</i>	1	QL(1 ea daily)
<i>triazolam tabs</i>	1	
<i>zaleplon caps 10 mg</i>	1	QL(2 ea daily); AL(At least 18 yrs old)
<i>zaleplon caps 5 mg</i>	1	QL(1 ea daily); AL(At least 18 yrs old)

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

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

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Drug Name	Drug Tier	Requirements/ Limits
MACROLIDES - Drugs to Treat Bacterial Infections		
Azithromycin		
<i>azithromycin pack or 1 gm</i>	1	
<i>azithromycin solr iv 500 mg</i>	1	
<i>azithromycin susr or 100 mg/5ml, 200 mg/5ml</i>	1	
<i>azithromycin tabs or 250 mg</i>	1	QL(6 ea per fill retail,6 ea per fill mail)
<i>azithromycin tabs or 500 mg</i>	1	QL(4 ea per fill retail,4 ea per fill mail)
<i>azithromycin tabs or 600 mg</i>	1	QL(0.286 ea daily)
ZITHROMAX PACK OR 1 GM (<i>Use azithromycin</i>)	1	
ZITHROMAX SOLR IV 500 MG (<i>Use azithromycin</i>)	NF	
ZITHROMAX SUSR OR 100 MG/5ML, 200 MG/5ML (<i>Use azithromycin</i>)	NF	
ZITHROMAX TABS OR 250 MG (<i>Use azithromycin</i>)	NF	QL(6 ea per fill retail,6 ea per fill mail)
ZITHROMAX TABS OR 500 MG (<i>Use azithromycin</i>)	NF	QL(4 ea per fill retail,4 ea per fill mail)
ZITHROMAX TABS OR 600 MG (<i>Use azithromycin</i>)	NF	QL(0.286 ea daily)
ZITHROMAX TRI-PAK TABS (<i>Use azithromycin</i>)	NF	QL(4 ea per fill retail,4 ea per fill mail)
ZITHROMAX Z-PAK TABS (<i>Use azithromycin</i>)	NF	QL(6 ea per fill retail,6 ea per fill mail)
Clarithromycin		
<i>clarithromycin susr</i>	1	
<i>clarithromycin tabs</i>	1	
<i>clarithromycin tb24</i>	1	
Erythromycins		

Drug Name	Drug Tier	Requirements/ Limits
E.E.S. GRANULES SUSR (<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 250 mg, 333 mg, 500 mg</i>	1	
<i>erythromycin ethylsuccinate susr 200 mg/5ml, 400 mg/5ml</i>	1	
<i>erythromycin ethylsuccinate tabs 400 mg</i>	3	
Fidaxomicin		
DIFICID TABS	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)
K-Y ME & YOU INTENSE DEVI	0	QL(2 ea daily)

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

Drug Name	Drug Tier	Requirements/ Limits
TRUSTEX LUBRICATED EXTRASTRENGTH MISC	0	QL(2 ea daily)
TRUSTEX LUBRICATED MISC	0	QL(2 ea daily)
TRUSTEX LUBRICATED/RIBBED/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	
WIDE-SEAL SILICONE DIAPHRAGM KIT 80 DPRH	0	

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Drug Name	Drug Tier	Requirements/ Limits
WIDE-SEAL SILICONE DIAPHRAGM KIT 85 DPRH	0	
WIDE-SEAL SILICONE DIAPHRAGM KIT 90 DPRH	0	
WIDE-SEAL SILICONE DIAPHRAGM KIT 95 DPRH	0	
Diabetic Supplies		
1ST TIER UNILET COMFORTOUCH LANCETS 28G MISC	1	QL(6.6667 ea daily)
1ST TIER UNILET COMFORTOUCH LANCETS 30G MISC	1	QL(6.6667 ea daily)
ACCU-CHEK FASTCLIX LANCETS MISC	1	QL(6.6667 ea daily)
ACCU-CHEK MULTICLIX LANCETS MISC	1	QL(6.6667 ea daily)
ACCU-CHEK SAFE-T-PRO LANCETS MISC	1	QL(6.6667 ea daily)
ACCU-CHEK SAFE-T-PRO PLUSLANCETS MISC	1	QL(6.6667 ea daily)
ACCU-CHEK SOFTCLIX LANCETS MISC	1	QL(6.6667 ea daily)
ACTI-LANCE LANCETS 28G MISC	1	QL(6.6667 ea daily)
ACTI-LANCE LITE SAFETY LANCETS 28G MISC	1	QL(6.6667 ea daily)
ACTI-LANCE SPECIAL SAFETY LANCETS 17G MISC	1	QL(6.6667 ea daily)
ACTI-LANCE SPECIAL SAFETYLANCETS 17G MISC	1	QL(6.6667 ea daily)
ACTI-LANCE UNIVERSAL SAFETY LANCETS 23G MISC	1	QL(6.6667 ea daily)
ADJUSTABLE LANCING DEVICE MISC	1	
ADVANCED MOBILE LANCET 30G MISC	1	QL(6.6667 ea daily)
ADVOCATE LANCETS 30G MISC	1	QL(6.6667 ea daily)

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

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

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

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Drug Name	Drug Tier	Requirements/ Limits
CVS LANCETS ORIGINAL MISC	1	QL(6.6667 ea daily)
CVS LANCETS THIN 26G MISC	1	QL(6.6667 ea daily)
CVS LANCETS ULTRA THIN 30G MISC	1	QL(6.6667 ea daily)
CVS LANCETS ULTRA-THIN 30G MISC	1	QL(6.6667 ea daily)
CVS LANCING DEVICE MISC	1	
CVS ULTRA THIN LANCETS MISC	1	QL(6.6667 ea daily)
DIATHRIVE LANCETS MISC	1	QL(6.6667 ea daily)
DIATHRIVE LANCETS ULTRA THIN 30G MISC	1	QL(6.6667 ea daily)
DIATHRIVE LANCING DEVICE MISC	1	
DROPLET LANCETS ULTRA THIN 30G MISC	1	QL(6.6667 ea daily)
DROPLET LANCING DEVICE MISC	1	
DROPLET PERSONAL LANCETS30G MISC	1	QL(6.6667 ea daily)
DRUG MART ADJUSTABLE LANCING DEVICE MISC	1	
DRUG MART LANCETS THIN MISC	1	QL(6.6667 ea daily)
DRUG MART ON-THE-GO LANCETS GENTLE 30G MISC	1	QL(6.6667 ea daily)
DRUG MART UNILET LANCETSSUPER THIN 30G MISC	1	QL(6.6667 ea daily)
DRUG MART UNILET LANCETSULTRA THIN 28G MISC	1	QL(6.6667 ea daily)
DRUG MART UNILET MICRO THIN LANCETS 33G MISC	1	QL(6.6667 ea daily)
E-Z JECT LANCETS 21G MISC	1	QL(6.6667 ea daily)
E-Z JECT LANCETS COLOR MISC	1	QL(6.6667 ea daily)

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

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Drug Name	Drug Tier	Requirements/ Limits
EASY TOUCH LANCETS 30G/PULL-TOP MISC	1	QL(6.6667 ea daily)
EASY TOUCH LANCETS 30G/TWIST MISC	1	QL(6.6667 ea daily)
EASY TOUCH LANCETS 32G/PRESSURE ACTIVATED MISC	1	QL(6.6667 ea daily)
EASY TOUCH LANCETS 32G/PULL-TOP MISC	1	QL(6.6667 ea daily)
EASY TOUCH LANCETS 32G/TWIST MISC	1	QL(6.6667 ea daily)
EASY TOUCH LANCETS 33G/TWIST MISC	1	QL(6.6667 ea daily)
EASY TOUCH LANCING DEVICE/EJECTOR MISC	1	
EASY TOUCH SAFETY LANCETS21G/PRESSURE ACTIVATED MISC	1	QL(6.6667 ea daily)
EASY TOUCH SAFETY LANCETS23G/PRESSURE ACTIVATED MISC	1	QL(6.6667 ea daily)
EASY TOUCH SAFETY LANCETS26G/BUTTON ACTIVATED MISC	1	QL(6.6667 ea daily)
EASY TOUCH SAFETY LANCETS26G/PRESSURE ACTIVATED MISC	1	QL(6.6667 ea daily)
EASY TOUCH SAFETY LANCETS28G/BUTTON ACTIVATED MISC	1	QL(6.6667 ea daily)
EASY TOUCH SAFETY LANCETS28G/PRESSURE ACTIVATED MISC	1	QL(6.6667 ea daily)
EASY TWIST & CAP LANCETS MISC	1	QL(6.6667 ea daily)
EMBRACE LANCETS ULTRA THIN 30G MISC	1	QL(6.6667 ea daily)
EMBRACE LANCING DEVICE WITH EJECTOR MISC	1	
EQL COLOR LANCETS 21G MISC	1	QL(6.6667 ea daily)
EQL COLOR LANCETS MICRO THIN 33G MISC	1	QL(6.6667 ea daily)
EQL SUPER THIN LANCETS 30G MISC	1	QL(6.6667 ea daily)

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

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

Drug Name	Drug Tier	Requirements/ Limits
GLUCOCOM LANCETS 30G MISC	1	QL(6.6667 ea daily)
GLUCOCOM LANCETS 33G MISC	1	QL(6.6667 ea daily)
GNP LANCETS 21G MISC	1	QL(6.6667 ea daily)
GNP LANCETS MICRO THIN 33G MISC	1	QL(6.6667 ea daily)
GNP LANCETS MISC	1	QL(6.6667 ea daily)
GNP LANCETS SUPER THIN 30G MISC	1	QL(6.6667 ea daily)
GNP LANCETS THIN 26G MISC	1	QL(6.6667 ea daily)
GNP LANCETS THIN MISC	1	QL(6.6667 ea daily)
GNP MICRO THIN LANCETS 33G MISC	1	QL(6.6667 ea daily)
GNP SUPER THIN LANCETS/30G MISC	1	QL(6.6667 ea daily)
GOJJI LANCING DEVICE/CLEAR CAP MISC	1	
GOJJI STERILE LANCETS 30G MISC	1	QL(6.6667 ea daily)
GOODSENSE COLOR LANCETS MICRO-THIN 33G UNIVERSAL MISC	1	QL(6.6667 ea daily)
GOODSENSE LANCETS MICRO-THIN 33G MISC	1	QL(6.6667 ea daily)
GOODSENSE LANCETS MICRO-THIN 33G UNIVERSAL MISC	1	QL(6.6667 ea daily)
GOODSENSE LANCETS ULTRA-THIN 26G UNIVERSAL MISC	1	QL(6.6667 ea daily)
GOODSENSE LANCETS ULTRA-THIN 30G MISC	1	QL(6.6667 ea daily)
GOODSENSE LANCETS ULTRA-THIN 30G UNIVERSAL MISC	1	QL(6.6667 ea daily)
GOODSENSE LANCING DEVICE MISC	1	
H-E-B INCONTROL ADVANCED LANCING DEVICE MISC	1	

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Drug Name	Drug Tier	Requirements/ Limits
H-E-B INCONTROL LANCETS MICRO THIN 33G MISC	1	QL(6.6667 ea daily)
H-E-B INCONTROL LANCETS SUPER THIN 30G MISC	1	QL(6.6667 ea daily)
H-E-B INCONTROL LANCETS ULTRA THIN 28G MISC	1	QL(6.6667 ea daily)
HAEMOLANCE LOW FLOW LANCETS MISC	1	QL(6.6667 ea daily)
HAEMOLANCE MISC	1	QL(6.6667 ea daily)
HAEMOLANCE PLUS HIGH FLOW MISC	1	QL(6.6667 ea daily)
HAEMOLANCE PLUS LOW FLOW MISC	1	QL(6.6667 ea daily)
HAEMOLANCE PLUS MAX FLOW MISC	1	QL(6.6667 ea daily)
HAEMOLANCE PLUS MISC	1	QL(6.6667 ea daily)
HAEMOLANCE PLUS PEDIATRIC FLOW MISC	1	QL(6.6667 ea daily)
HEALTH CARE LANCING DEVICE MISC	1	
HEALTHY ACCENTS AUTOLET IMPRESSION LANCING DEVICE MISC	1	
HEALTHY ACCENTS UNILET LANCETS SUPER THIN 30G MISC	1	QL(6.6667 ea daily)
HY-VEE LANCETS MISC	1	QL(6.6667 ea daily)
HY-VEE THIN LANCETS MISC	1	QL(6.6667 ea daily)
IN TOUCH LANCING DEVICE MISC	1	
IN TOUCH STERILE LANCETS30G MISC	1	QL(6.6667 ea daily)
KINNEY LANCETS MISC	1	QL(6.6667 ea daily)
KINNEY THIN LANCETS MISC	1	QL(6.6667 ea daily)
KROGER AUTOLET LANCING DEVICE MISC	1	

Drug Name	Drug Tier	Requirements/ Limits
KROGER HEALTHPRO TWIST LANCETS/26G MISC	1	QL(6.6667 ea daily)
KROGER LANCETS 21G MISC	1	QL(6.6667 ea daily)
KROGER LANCETS MICRO THIN33G MISC	1	QL(6.6667 ea daily)
KROGER LANCETS MISC	1	QL(6.6667 ea daily)
KROGER LANCETS SUPER THIN MISC	1	QL(6.6667 ea daily)
KROGER LANCETS THIN 26G MISC	1	QL(6.6667 ea daily)
KROGER LANCETS THIN MISC	1	QL(6.6667 ea daily)
KROGER LANCETS ULTRATHIN30G MISC	1	QL(6.6667 ea daily)
KROGER LANCING DEVICE MISC	1	
LANCET DEVICE ADJUSTABLE MISC	1	
LANCET DEVICE WITH EJECTOR MISC	1	
LANCETS 26G TWIST TOP MISC	1	QL(6.6667 ea daily)
LANCETS 28G MISC	1	QL(6.6667 ea daily)
LANCETS 30G MISC	1	QL(6.6667 ea daily)
LANCETS 30G TWIST TOP MISC	1	QL(6.6667 ea daily)
LANCETS 30G/TWIST TOP MISC	1	QL(6.6667 ea daily)
LANCETS 31G TWIST TOP MISC	1	QL(6.6667 ea daily)
LANCETS 33G UNIVERSAL DESIGN MISC	1	QL(6.6667 ea daily)
LANCETS MICRO THIN 33G MISC	1	QL(6.6667 ea daily)
LANCETS MISC	1	QL(6.6667 ea daily)
LANCETS SAFETY SEAL 21G MISC	1	QL(6.6667 ea daily)
LANCETS SAFETY SEAL 26G MISC	1	QL(6.6667 ea daily)

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

Drug Name	Drug Tier	Requirements/ Limits
LIVE BETTER LANCET ULTRATHIN 28G MISC	1	QL(6.6667 ea daily)
LONGS LANCETS STANDARD MISC	1	QL(6.6667 ea daily)
LONGS LANCETS THIN MISC	1	QL(6.6667 ea daily)
LONGS LANCETS ULTRA THIN MISC	1	QL(6.6667 ea daily)
MEDICHOICE PRE-SET SAFETY LANCET DUAL USE MISC	1	QL(6.6667 ea daily)
MEDICHOICE PRE-SET SAFETY LANCET LOW FLOW MISC	1	QL(6.6667 ea daily)
MEDICHOICE PRE-SET SAFETY LANCET MEDIUM FLOW MISC	1	QL(6.6667 ea daily)
MEDICHOICE PRE-SET SAFETY LANCET MODERATE FLOW MISC	1	QL(6.6667 ea daily)
MEDICHOICE SAFETY LANCETEXTRA MISC	1	QL(6.6667 ea daily)
MEDICHOICE SAFETY LANCETNORMAL MISC	1	QL(6.6667 ea daily)
MEDISENSE THIN LANCETS MISC	1	QL(6.6667 ea daily)
MEDLANCE PLUS EXTRA LANCETS 21G MISC	1	QL(6.6667 ea daily)
MEDLANCE PLUS LANCETS LITE 25G MISC	1	QL(6.6667 ea daily)
MEDLANCE PLUS LANCETS MISC	1	QL(6.6667 ea daily)
MEDLANCE PLUS LITE LANCETS 25G MISC	1	QL(6.6667 ea daily)
MEDLANCE PLUS SPECIAL LANCETS 0.8MM MISC	1	QL(6.6667 ea daily)
MEDLANCE PLUS SUPERLITE 30G MISC	1	QL(6.6667 ea daily)
MEDLANCE PLUS SUPERLITE 30G/COMFORT MAX MISC	1	QL(6.6667 ea daily)
MEDLANCE PLUS UNIVERSAL LANCETS 21G MISC	1	QL(6.6667 ea daily)

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

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

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

Drug Name	Drug Tier	Requirements/ Limits
PRO COMFORT LANCETS 31G MISC	1	QL(6.6667 ea daily)
PRODIGY LANCING DEVICE MISC	1	
PRODIGY PRESSURE ACTIVATED SAFETY LANCETS MISC	1	QL(6.6667 ea daily)
PRODIGY SAFETY LANCETS MISC	1	QL(6.6667 ea daily)
PRODIGY TWIST TOP LANCETS MISC	1	QL(6.6667 ea daily)
PSS SELECT GP LANCETS MISC	1	QL(6.6667 ea daily)
PSS SELECT SAFETY LANCETS MISC	1	QL(6.6667 ea daily)
PUSH BUTTON SAFETY LANCETS 21G MISC	1	QL(6.6667 ea daily)
PUSH BUTTON SAFETY LANCETS 28G MISC	1	QL(6.6667 ea daily)
PX ADVANCED LANCING DEVICE MISC	1	
PX LANCET AUTO INJECTOR MISC	1	
PX LANCETS ULTRA THIN 28G MISC	1	QL(6.6667 ea daily)
PX LANCETS ULTRA THIN MISC	1	QL(6.6667 ea daily)
QC ADVANCED LANCING DEVICE MISC	1	
QC LANCETS SUPER THIN MISC	1	QL(6.6667 ea daily)
QC LANCETS ULTRA THIN MISC	1	QL(6.6667 ea daily)
QC UNILET LANCETS 28G/ULTRA THIN MISC	1	QL(6.6667 ea daily)
QC UNILET LANCETS 33G/MICRO THIN MISC	1	QL(6.6667 ea daily)
RA E-ZJECT COLOR LANCETSMICRO-THIN 33G MISC	1	QL(6.6667 ea daily)
RA E-ZJECT LANCETS 28G MISC	1	QL(6.6667 ea daily)
RA E-ZJECT LANCETS THIN 26G MISC	1	QL(6.6667 ea daily)
RA E-ZJECT LANCETS THIN 28G MISC	1	QL(6.6667 ea daily)

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

Drug Name	Drug Tier	Requirements/ Limits
RELION ULTRA THIN PLUS LANCETS 33G MISC	1	QL(6.6667 ea daily)
REXALL LANCETS ULTRA THIN MISC	1	QL(6.6667 ea daily)
RIGHTEST GD500 LANCING DEVICE MISC	1	
RIGHTEST GL300 LANCETS MISC	1	QL(6.6667 ea daily)
SAFE-T-LANCE LOW FLOW 25G MISC	1	QL(6.6667 ea daily)
SAFE-T-LANCE NORMAL FLOW21G MISC	1	QL(6.6667 ea daily)
SAFE-T-LANCE PLUS SAFETYLANCET HIGH FLOW MISC	1	QL(6.6667 ea daily)
SAFE-T-LANCE PLUS SAFETYLANCET LOW FLOW MISC	1	QL(6.6667 ea daily)
SAFE-T-LANCE PLUS SAFETYLANCET NORMAL FLOW MISC	1	QL(6.6667 ea daily)
SAFETY LANCET 21G/PRESSURE ACTIVATED MISC	1	QL(6.6667 ea daily)
SAFETY LANCET 23G/PRESSURE ACTIVATED MISC	1	QL(6.6667 ea daily)
SAFETY LANCET 28G/PRESSURE ACTIVATED MISC	1	QL(6.6667 ea daily)
SAFETY LANCET 30G/PRESSURE ACTIVATED MISC	1	QL(6.6667 ea daily)
SAFETY LANCETS 21G MISC	1	QL(6.6667 ea daily)
SAFETY LANCETS 28G MISC	1	QL(6.6667 ea daily)
SAFETY LANCETS MISC	1	QL(6.6667 ea daily)
SAFETY LET LANCETS MISC	1	QL(6.6667 ea daily)
SAFETY SEAL LANCETS 28G MISC	1	QL(6.6667 ea daily)
SAFETY SEAL LANCETS 30G MISC	1	QL(6.6667 ea daily)

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Drug Name	Drug Tier	Requirements/ Limits
SAPS HEALTH CARE TWIST TOP LANCETS MISC	1	QL(6.6667 ea daily)
SAPS HEALTH TWIST TOP LANCETS 30G MISC	1	QL(6.6667 ea daily)
SAPSCARE TWIST TOP LANCETS 30G MISC	1	QL(6.6667 ea daily)
SB LANCETS THIN MISC	1	QL(6.6667 ea daily)
SB LANCETS ULTRA THIN MISC	1	QL(6.6667 ea daily)
SELECT-LITE LANCING DEVICE MISC	1	
SHOPKO AUTOLET LANCING DEVICE MISC	1	
SHOPKO ON-THE-GO COMFORTLANCETS 30G MISC	1	QL(6.6667 ea daily)
SHOPKO UNILET LANCETS SUPER THIN 30G MISC	1	QL(6.6667 ea daily)
SHOPKO UNILET LANCETS ULTRA THIN 28G MISC	1	QL(6.6667 ea daily)
SIDE BUTTON SAFETY LANCET21G MISC	1	QL(6.6667 ea daily)
SIMPLE DIAGNOSTICS LANCING DEVICE MISC	1	
SINGLE-LET MISC	1	QL(6.6667 ea daily)
SM MICRO THIN LANCETS 33G MISC	1	QL(6.6667 ea daily)
SM TRUEDRAW LANCING DEVICE MISC	1	
SMART DIABETES VANTAGE LANCING DEVICE MISC	1	
SMART SENSE COLOR LANCETS UNIVERSAL 33G MISC	1	QL(6.6667 ea daily)
SMART SENSE STANDARD LANCETS UNIVERSAL 21G MISC	1	QL(6.6667 ea daily)
SMART SENSE SUPER THIN LANCETS UNIVERSAL 30G MISC	1	QL(6.6667 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
SMART SENSE THIN LANCETSUNIVERSAL 26G MISC	1	QL(6.6667 ea daily)
SMARTTEST LANCETS 28G MISC	1	QL(6.6667 ea daily)
SOLUS V2 LANCING DEVICE MISC	1	
SOLUS V2 PRESSURE ACTIVATED SAFETY LANCETS 28G MISC	1	QL(6.6667 ea daily)
SOLUS V2 TWIST LANCETS 30G MISC	1	QL(6.6667 ea daily)
STERILANCE TL MISC	1	QL(6.6667 ea daily)
SUPER THIN LANCETS MISC	1	QL(6.6667 ea daily)
SURE COMFORT LANCETS 18G MISC	1	QL(6.6667 ea daily)
SURE COMFORT LANCETS 21G MISC	1	QL(6.6667 ea daily)
SURE COMFORT LANCETS 23G MISC	1	QL(6.6667 ea daily)
SURE COMFORT LANCETS 28G MISC	1	QL(6.6667 ea daily)
SURE COMFORT LANCETS 30G MISC	1	QL(6.6667 ea daily)
SURE COMFORT LANCING PEN MISC	1	
SURE-LANCE FLAT LANCETS MISC	1	QL(6.6667 ea daily)
SURE-LANCE LANCETS 26G MISC	1	QL(6.6667 ea daily)
SURE-LANCE THIN LANCETS 28G MISC	1	QL(6.6667 ea daily)
SURE-LANCE ULTRA THIN LANCETS MISC	1	QL(6.6667 ea daily)
SURE-PEN MISC	1	
SURE-TOUCH LANCETS UNIVERSAL MISC	1	QL(6.6667 ea daily)
SURELITE LANCETS MISC	1	QL(6.6667 ea daily)
TECHLITE AST LANCETS MISC	1	QL(6.6667 ea daily)
TECHLITE LANCETS 30G MISC	1	QL(6.6667 ea daily)

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Drug Name	Drug Tier	Requirements/ Limits
TECHLITE LANCETS MISC	1	QL(6.6667 ea daily)
TGT LANCET MICRO THIN 33G MISC	1	QL(6.6667 ea daily)
TGT LANCET THIN 26G MISC	1	QL(6.6667 ea daily)
TGT LANCET ULTRA THIN 30G MISC	1	QL(6.6667 ea daily)
TGT LANCING DEVICE MISC	1	
THINLETS GP LANCETS MISC	1	QL(6.6667 ea daily)
TODAYS HEALTH ADVANCED LANCING DEVICE MISC	1	
TODAYS HEALTH SUPER THINLANCETS 30G MISC	1	QL(6.6667 ea daily)
TODAYS HEALTH ULTRA THINLANCETS 28G MISC	1	QL(6.6667 ea daily)
TOPCARE LANCETS MICRO-THIN 33G MISC	1	QL(6.6667 ea daily)
TRAVEL LANCETS 30G MISC	1	QL(6.6667 ea daily)
TRAVEL LANCETS ADVANCED 28G MISC	1	QL(6.6667 ea daily)
TRUE COMFORT TWIST TOP LANCETS 30G MISC	1	QL(6.6667 ea daily)
TRUE METRIX CONTROL SOLUTION LEVEL 3 SOLN	1	
TRUEDRAW LANCING DEVICE MISC	1	
TRUEPLUS LANCETS 26G MISC	1	QL(6.6667 ea daily)
TRUEPLUS LANCETS 28G MISC	1	QL(6.6667 ea daily)
TRUEPLUS LANCETS 28G SUPER THIN MISC	1	QL(6.6667 ea daily)
TRUEPLUS LANCETS 30G MISC	1	QL(6.6667 ea daily)
TRUEPLUS LANCETS 30G ULTRA THIN MISC	1	QL(6.6667 ea daily)
TRUEPLUS LANCETS 33G MICRO THIN MISC	1	QL(6.6667 ea daily)
TRUEPLUS LANCETS 33G MISC	1	QL(6.6667 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
TRUEPLUS SAFETY LANCETS 28G MISC	1	QL(6.6667 ea daily)
ULTI-LANCE AUTOMATIC/ CLEAR TIP MISC	1	
ULTILET CLASSIC LANCETS MISC	1	QL(6.6667 ea daily)
ULTILET LANCETS 33G MISC	1	QL(6.6667 ea daily)
ULTILET LANCETS MISC	1	QL(6.6667 ea daily)
ULTILET SAFETY LANCETS 21G X 2.2MM MISC	1	QL(6.6667 ea daily)
ULTILET SAFETY LANCETS 23G MISC	1	QL(6.6667 ea daily)
ULTRA THIN LANCETS 31G MISC	1	QL(6.6667 ea daily)
ULTRA-CARE LANCETS 30G MISC	1	QL(6.6667 ea daily)
ULTRA-THIN II AUTO LANCET MISC	1	QL(6.6667 ea daily)
ULTRA-THIN II LANCETS 28G MISC	1	QL(6.6667 ea daily)
ULTRA-THIN II LANCETS 30G MISC	1	QL(6.6667 ea daily)
UNILET COMFORTOUCH LANCET MISC	1	QL(6.6667 ea daily)
UNILET EXCELITE II MISC	1	QL(6.6667 ea daily)
UNILET EXCELITE MISC	1	QL(6.6667 ea daily)
UNILET G.P. LANCET MISC	1	QL(6.6667 ea daily)
UNILET G.P. SUPERLITE LANCET MISC	1	QL(6.6667 ea daily)
UNILET GP 28 ULTRA THIN MISC	1	QL(6.6667 ea daily)
UNILET LANCET MISC	1	QL(6.6667 ea daily)
UNILET LANCETS MICRO-THIN33G MISC	1	QL(6.6667 ea daily)
UNILET LANCETS SUPER-THIN30G MISC	1	QL(6.6667 ea daily)
UNILET LANCETS ULTRA-THIN 28G MISC	1	QL(6.6667 ea daily)

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Drug Name	Drug Tier	Requirements/ Limits
UNILET SUPERLITE LANCET MISC	1	QL(6.6667 ea daily)
UNISTIK 3 GENTLE MISC	1	QL(6.6667 ea daily)
UNISTIK PRO SAFETY LANCET 21G MISC	1	QL(6.6667 ea daily)
UNISTIK PRO SAFETY LANCET 25G MISC	1	QL(6.6667 ea daily)
UNISTIK PRO SAFETY LANCET 28G MISC	1	QL(6.6667 ea daily)
UNISTIK SAFETY LANCETS 28G MISC	1	QL(6.6667 ea daily)
UNISTIK SAFETY LANCETS 30G MISC	1	QL(6.6667 ea daily)
UNISTIK TOUCH SAFETY LANCETS 21G MISC	1	QL(6.6667 ea daily)
UNISTIK TOUCH SAFETY LANCETS 23G MISC	1	QL(6.6667 ea daily)
UNISTIK TOUCH SAFETY LANCETS 28G MISC	1	QL(6.6667 ea daily)
UNISTIK TOUCH SAFETY LANCETS 30G MISC	1	QL(6.6667 ea daily)
UNIVERSAL 1 LANCETS THIN26G MISC	1	QL(6.6667 ea daily)
UNIVERSAL 1 LANCETS ULTRA THIN 30G MISC	1	QL(6.6667 ea daily)
UNIVERSAL 1 LANCETS/33G/MICRO-THIN MISC	1	QL(6.6667 ea daily)
VALUE PLUS LANCETS STANDARD 21G MISC	1	QL(6.6667 ea daily)
VALUE PLUS LANCETS SUPERTHIN 30G MISC	1	QL(6.6667 ea daily)
VALUE PLUS LANCETS THIN 26G MISC	1	QL(6.6667 ea daily)
VALUE PLUS LANCING DEVICE MISC	1	
VALUMARK LANCET SUPER THIN 30G MISC	1	QL(6.6667 ea daily)
VALUMARK LANCET ULTRA THIN 28G MISC	1	QL(6.6667 ea daily)
VIDA MIA AUTOLET LANCINGDEVICE MISC	1	
VIDA MIA UNILET LANCETS SUPER THIN 30G MISC	1	QL(6.6667 ea daily)

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

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

Drug Name	Drug Tier	Requirements/ Limits
ADVOCATE INSULIN SYRINGE/U- 100/0.5ML/30GX5/16" MISC	1	QL(5 ea daily); RX/OTC
ADVOCATE INSULIN SYRINGE/U- 100/0.5ML/31GX5/16" MISC	1	QL(5 ea daily)
ADVOCATE INSULIN SYRINGE/U- 100/1ML/29GX1/2" MISC	1	QL(5 ea daily); RX/OTC
ADVOCATE INSULIN SYRINGE/U- 100/1ML/30GX5/16" MISC	1	QL(5 ea daily); RX/OTC
ADVOCATE INSULIN SYRINGE/U- 100/1ML/31GX5/16" MISC	1	QL(5 ea daily)
ASSURE ID INSULIN SAFETYSYRINGE/U- 100/0.5ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
ASSURE ID INSULIN SAFETYSYRINGE/U- 100/1ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
ASSURE ID SAFETY PEN NEEDLES 30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
ASSURE ID SAFETY PEN NEEDLES 31G X 3/16" MISC	1	QL(5 ea daily); RX/OTC
AURORA PEN NEEDLES 29GX12MM MISC	1	QL(5 ea daily); RX/OTC
AURORA PEN NEEDLES 31G X6MM MISC	1	QL(5 ea daily)
AURORA PEN NEEDLES 31G X8MM MISC	1	QL(5 ea daily); RX/OTC
AURORA UNIFINE PENTIPS/32GX5/32" MISC	1	QL(5 ea daily); RX/OTC
AURORA UNIFINE PENTIPS/MINI/31GX3/16" MISC	1	QL(5 ea daily); RX/OTC
B-D INSULIN SYRINGE ULTRAFINE II/0.3ML/31G X 5/16" MISC	1	QL(5 ea daily)
B-D INSULIN SYRINGE ULTRAFINE II/0.5ML/31G X 5/16" MISC	1	QL(5 ea daily)

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

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

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Drug Name	Drug Tier	Requirements/ Limits
BD INSULIN SYRINGE ULTRAFINE/U-100/1ML/30G X 1/2" MISC	1	QL(5 ea daily)
BD INSULIN SYRINGE/0.3ML/29G X 12.7MM MISC	1	QL(5 ea daily); RX/OTC
BD INSULIN SYRINGE/0.5ML/29G X 12.7MM MISC	1	QL(5 ea daily); RX/OTC
BD INSULIN SYRINGE/1ML/27G X 12.7MM MISC	1	QL(5 ea daily); RX/OTC
BD INSULIN SYRINGE/1ML/29G X 12.7MM MISC	1	QL(5 ea daily); RX/OTC
BD INSULIN SYRINGE/DETACHABLE NEEDLE/U-100/1ML/25G X 1" MISC	1	QL(5 ea daily)
BD INSULIN SYRINGE/DETACHABLE NEEDLE/U-100/1ML/25G X 5/8" MISC	1	QL(5 ea daily)
BD INSULIN SYRINGE/DETACHABLE NEEDLE/U-100/1ML/26G X 1/2" MISC	1	QL(5 ea daily)
BD INSULIN SYRINGE/U-100/1ML/27G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
BD PEN NEEDLE/MICRO/ULTRA-FINE/32G X 6MM MISC	1	QL(5 ea daily)
BD PEN NEEDLE/MINI/ULTRA-FINE/31G X 5MM MISC	1	QL(5 ea daily); RX/OTC
BD PEN NEEDLE/NANO 2ND GEN/32G X 5/32" MISC	1	QL(5 ea daily); RX/OTC
BD PEN NEEDLE/NANO/ULTRA-FINE/32G X 4MM MISC	1	QL(5 ea daily); RX/OTC
BD PEN NEEDLE/ORIGINAL/ULTRA-FINE/29G X 12.7MM MISC	1	QL(5 ea daily)
BD PEN NEEDLE/SHORT/ULTRA-FINE/31G X 8MM MISC	1	QL(5 ea daily); RX/OTC

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

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

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

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

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

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

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

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Drug Name	Drug Tier	Requirements/ Limits
DROPLET INSULIN SYRINGE U-100/1ML/31G X 15/64" MISC	1	QL(5 ea daily)
DROPLET INSULIN SYRINGE U-100/1ML/31G X 5/16" MISC	1	QL(5 ea daily)
DROPLET INSULIN SYRINGE/U-100/0.3ML/31G X 5/16" MISC	1	QL(5 ea daily)
DROPLET INSULIN SYRINGE/U-100/0.5ML/30G X 1/2" MISC	1	QL(5 ea daily)
DROPLET INSULIN SYRINGE/U-100/0.5ML/31G X 5/16" MISC	1	QL(5 ea daily)
DROPLET INSULIN SYRINGE/U-100/1ML/30G X 1/2" MISC	1	QL(5 ea daily)
DROPLET INSULIN SYRINGE/U-100/1ML/31G X 15/64" MISC	1	QL(5 ea daily)
DROPLET INSULIN SYRINGE/U-100/1ML/31G X 5/16" MISC	1	QL(5 ea daily)
DROPLET PEN NEEDLES 29GX12MM MISC	1	QL(5 ea daily); RX/OTC
DROPLET PEN NEEDLES 30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
DROPLET PEN NEEDLES 31GX5MM MISC	1	QL(5 ea daily); RX/OTC
DROPLET PEN NEEDLES 31GX6MM MISC	1	QL(5 ea daily)
DROPLET PEN NEEDLES 31GX8MM MISC	1	QL(5 ea daily); RX/OTC
DROPLET PEN NEEDLES 32G X 1/4" MISC	1	QL(5 ea daily)
DROPLET PEN NEEDLES 32G X 3/16" MISC	1	QL(5 ea daily); RX/OTC
DROPLET PEN NEEDLES 32G X 5/32" MISC	1	QL(5 ea daily); RX/OTC
DROPLET PEN NEEDLES 32GX4MM MISC	1	QL(5 ea daily); RX/OTC
DROPLET PEN NEEDLES 32GX5MM MISC	1	QL(5 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
DROPLET PEN NEEDLES 32GX6MM MISC	1	QL(5 ea daily)
DROPSAFE SAFETY PEN NEEDLES/31G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
DROPSAFE SAFETY PEN NEEDLES/31G X 1/4" MISC	1	QL(5 ea daily)
DRUG MART UNIFINE PENTIPS 31GX5MM MISC	1	QL(5 ea daily); RX/OTC
DRUG MART UNIFINE PENTIPS29G X 12MM MISC	1	QL(5 ea daily); RX/OTC
DRUG MART UNIFINE PENTIPS31GX6MM MISC	1	QL(5 ea daily)
DRUG MART UNIFINE PENTIPS31GX8MM MISC	1	QL(5 ea daily); RX/OTC
DRUG MART UNIFINE PENTIPS32GX4MM MISC	1	QL(5 ea daily); RX/OTC
DRUG MART UNIFINE PENTIPSPLUS 32GX4MM MISC	1	QL(5 ea daily); RX/OTC
EASY COMFORT INSULIN SYRINGE/0.5ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
EASY COMFORT INSULIN SYRINGE/0.5ML/31G X 5/16" MISC	1	QL(5 ea daily)
EASY COMFORT INSULIN SYRINGE/1ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
EASY COMFORT INSULIN SYRINGE/1ML/31G X 5/16" MISC	1	QL(5 ea daily)
EASY COMFORT INSULIN SYRINGE/U-100/0.5ML/30G X 1/2" MISC	1	QL(5 ea daily)
EASY COMFORT INSULIN SYRINGE/U-100/1ML/30G X 1/2" MISC	1	QL(5 ea daily)
EASY COMFORT PEN NEEDLES31GX1/4" MISC	1	QL(5 ea daily)
EASY COMFORT PEN NEEDLES31GX3/16" MISC	1	QL(5 ea daily); RX/OTC
EASY COMFORT PEN NEEDLES31GX5/16" MISC	1	QL(5 ea daily); RX/OTC

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

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

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

Drug Name	Drug Tier	Requirements/ Limits
ELITE-THIN INSULIN SYRINGE/U-100/0.5ML/28G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
ELITE-THIN INSULIN SYRINGE/U-100/0.5ML/31G X 5/16" MISC	1	QL(5 ea daily)
ELITE-THIN INSULIN SYRINGE/U-100/1ML/28G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
ELITE-THIN INSULIN SYRINGE/U-100/1ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
ELITE-THIN INSULIN SYRINGE/U-100/1ML/31G X 5/16" MISC	1	QL(5 ea daily)
EQL INSULIN SYRINGE/0.3ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
EQL INSULIN SYRINGE/0.3ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
EQL INSULIN SYRINGE/0.3ML/31G X 5/16" MISC	1	QL(5 ea daily)
EQL INSULIN SYRINGE/0.5ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
EQL INSULIN SYRINGE/0.5ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
EQL INSULIN SYRINGE/0.5ML/31G X 5/16" MISC	1	QL(5 ea daily)
EQL INSULIN SYRINGE/1ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
EQL INSULIN SYRINGE/1ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
EQL INSULIN SYRINGE/1ML/31G X 5/16" MISC	1	QL(5 ea daily)
EXEL COMFORT POINT INSULIN PEN NEEDLES 29G X 12MM MISC	1	QL(5 ea daily); RX/OTC

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Drug Name	Drug Tier	Requirements/ Limits
EXEL COMFORT POINT INSULIN PEN NEEDLES 31G X 6MM MISC	1	QL(5 ea daily)
EXEL COMFORT POINT INSULIN PEN NEEDLES 31G X 8MM MISC	1	QL(5 ea daily); RX/OTC
EXEL COMFORT POINT INSULIN SYRINGE/0.3ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
EXEL COMFORT POINT INSULIN SYRINGE/0.3ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
EXEL COMFORT POINT INSULIN SYRINGE/0.5ML/28G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
EXEL COMFORT POINT INSULIN SYRINGE/0.5ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
EXEL COMFORT POINT INSULIN SYRINGE/0.5ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
EXEL COMFORT POINT INSULIN SYRINGE/1ML/28G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
EXEL COMFORT POINT INSULIN SYRINGE/1ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
EXEL COMFORT POINT INSULIN SYRINGE/1ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
FIFTY50 PEN NEEDLES 31G X3/16" (5MM) MISC	1	QL(5 ea daily); RX/OTC
FIFTY50 PEN NEEDLES 31G X5/16" (8MM) MISC	1	QL(5 ea daily); RX/OTC
FIFTY50 PEN NEEDLES 31GX5MM MISC	1	QL(5 ea daily); RX/OTC
FIFTY50 PEN NEEDLES/31GX8MM MISC	1	QL(5 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
FIFTY50 PEN NEEDLES/32GX4MM MISC	1	QL(5 ea daily); RX/OTC
FIFTY50 PEN NEEDLES/32GX6MM MISC	1	QL(5 ea daily)
FIFTY50 SUPERIOR COMFORTINSULIN SYRINGE/0.3ML/31G X 5/16" MISC	1	QL(5 ea daily)
FIFTY50 SUPERIOR COMFORTINSULIN SYRINGE/0.5ML/31G X 5/16" MISC	1	QL(5 ea daily)
FIFTY50 SUPERIOR COMFORTINSULIN SYRINGE/1ML/31G X 5/16" MISC	1	QL(5 ea daily)
FREDS PHARMACY UNIFINE PENTIPS PEN NEEDLES 32GX4MM MISC	1	QL(5 ea daily); RX/OTC
FREDS PHARMACY UNIFINE PENTIPS PLUS 31GX5MM MISC	1	QL(5 ea daily); RX/OTC
FREDS PHARMACY UNIFINE PENTIPS PLUS 31GX8MM MISC	1	QL(5 ea daily); RX/OTC
FREESTYLE PRECISION INSULIN SYRINGE/U-100/0.5ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
FREESTYLE PRECISION INSULIN SYRINGE/U-100/0.5ML/31G X 5/16" MISC	1	QL(5 ea daily)
FREESTYLE PRECISION INSULIN SYRINGE/U-100/1ML/31G X 5/16" MISC	1	QL(5 ea daily)
FREESTYLE PRECISION INSULIN SYRINGES/U-100/1ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
GLOBAL EASE INJECT PEN NEEDLES 29GX12MM MISC	1	QL(5 ea daily); RX/OTC

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

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

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

Drug Name	Drug Tier	Requirements/ Limits
GNP INSULIN SYRINGE/0.5ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
GNP INSULIN SYRINGE/0.5ML/31G X 5/16" MISC	1	QL(5 ea daily)
GNP INSULIN SYRINGE/1ML/28G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
GNP INSULIN SYRINGE/1ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
GNP INSULIN SYRINGE/1ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
GNP INSULIN SYRINGE/1ML/31G X 5/16" MISC	1	QL(5 ea daily)
GNP ULTICARE PEN NEEDLES/31GX5/16" MISC	1	QL(5 ea daily); RX/OTC
GNP ULTICARE PEN NEEDLES/32GX 5/32" MISC	1	QL(5 ea daily); RX/OTC
GNP ULTICARE PEN NEEDLES/32GX1/4" MISC	1	QL(5 ea daily)
GNP ULTRA COMFORT INSULIN SYRINGE/0.3ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
GNP ULTRA COMFORT INSULIN SYRINGE/0.3ML/30G X 5/16" SHORT MISC	1	QL(5 ea daily); RX/OTC
GNP ULTRA COMFORT INSULIN SYRINGE/0.3ML/31G X 5/16" SHORT MISC	1	QL(5 ea daily)
GNP ULTRA COMFORT INSULIN SYRINGE/0.5ML/28G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
GNP ULTRA COMFORT INSULIN SYRINGE/0.5ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC

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Drug Name	Drug Tier	Requirements/ Limits
GNP ULTRA COMFORT INSULIN SYRINGE/0.5ML/30G X 5/16" SHORT MISC	1	QL(5 ea daily); RX/OTC
GNP ULTRA COMFORT INSULIN SYRINGE/0.5ML/31G X 5/16" SHORT MISC	1	QL(5 ea daily)
GNP ULTRA COMFORT INSULIN SYRINGE/1ML/28G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
GNP ULTRA COMFORT INSULIN SYRINGE/1ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
GNP ULTRA COMFORT INSULIN SYRINGE/1ML/30G X 5/16" SHORT MISC	1	QL(5 ea daily); RX/OTC
GNP ULTRA COMFORT INSULIN SYRINGE/1ML/31G X 5/16" SHORT MISC	1	QL(5 ea daily)
GOODSENSE CLICKFINE SAFETY PEN NEEDLE/31G X 3/16" MISC	1	QL(5 ea daily); RX/OTC
GOODSENSE PEN NEEDLE/PENFINE CLASSIC/31G X 3/16" MISC	1	QL(5 ea daily); RX/OTC
GOODSENSE PEN NEEDLE/PENFINE CLASSIC/31G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
GOODSENSE PEN NEEDLE/PENFINE CLASSIC/32G X 1/4" MISC	1	QL(5 ea daily)
GOODSENSE PEN NEEDLE/PENFINE CLASSIC/32G X 5/32" MISC	1	QL(5 ea daily); RX/OTC
H-E-B IN CONTROL PEN NEEDLES 31GX5MM MISC	1	QL(5 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
H-E-B IN CONTROL PEN NEEDLES 31GX6MM MISC	1	QL(5 ea daily)
H-E-B IN CONTROL PEN NEEDLES 31GX8MM MISC	1	QL(5 ea daily); RX/OTC
H-E-B IN CONTROL PEN NEEDLES/NANO/32GX4M M MISC	1	QL(5 ea daily); RX/OTC
H-E-B IN CONTROL UNIFINEPENTIPS PLUS 31GX5MM MISC	1	QL(5 ea daily); RX/OTC
H-E-B IN CONTROL UNIFINEPENTIPS PLUS 32GX4MM MISC	1	QL(5 ea daily); RX/OTC
H-E-B INCONTROL PEN NEEDLES 29GX12MM MISC	1	QL(5 ea daily); RX/OTC
HEALTHWISE INSULIN SYRINGE/U-100/0.3ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
HEALTHWISE INSULIN SYRINGE/U-100/0.3ML/31G X 5/16" MISC	1	QL(5 ea daily)
HEALTHWISE INSULIN SYRINGE/U-100/0.5ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
HEALTHWISE INSULIN SYRINGE/U-100/0.5ML/31G X 5/16" MISC	1	QL(5 ea daily)
HEALTHWISE INSULIN SYRINGE/U-100/1ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
HEALTHWISE INSULIN SYRINGE/U-100/1ML/31G X 5/16" MISC	1	QL(5 ea daily)
HEALTHWISE MICRON PEN NEEDLES/32G X 5/32" MISC	1	QL(5 ea daily); RX/OTC
HEALTHWISE MINI PEN NEEDLES 31GX6MM MISC	1	QL(5 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
HEALTHWISE PEN NEEDLES 29GX12MM MISC	1	QL(5 ea daily); RX/OTC
HEALTHWISE SHORT PEN NEEDLES 31GX8MM MISC	1	QL(5 ea daily); RX/OTC
HEALTHWISE SHORT PEN NEEDLES/31G X 3/16" MISC	1	QL(5 ea daily); RX/OTC
HEALTHWISE SHORT PEN NEEDLES/31G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
HEALTHWISE UNIFINE PENTIPS PEN NEEDLES 32GX4MM MISC	1	QL(5 ea daily); RX/OTC
HEALTHY ACCENTS UNIFINE PENTIPS PEN NEEDLES 29GX12MM MISC	1	QL(5 ea daily); RX/OTC
HEALTHY ACCENTS UNIFINE PENTIPS PEN NEEDLES 31GX5MM MISC	1	QL(5 ea daily); RX/OTC
HEALTHY ACCENTS UNIFINE PENTIPS PEN NEEDLES 31GX6MM MISC	1	QL(5 ea daily)
HEALTHY ACCENTS UNIFINE PENTIPS PEN NEEDLES 31GX8MM MISC	1	QL(5 ea daily); RX/OTC
HEALTHY ACCENTS UNIFINE PENTIPS PEN NEEDLES 32GX4MM MISC	1	QL(5 ea daily); RX/OTC
HM ULTICARE INSULIN SYRINGE/1ML/30G X 1/2" MISC	1	QL(5 ea daily)
HM ULTICARE INSULIN SYRINGE/U-100/0.3ML/31G X 5/16" MISC	1	QL(5 ea daily)
HM ULTICARE SHORT PEN NEEDLES 31GX8MM MISC	1	QL(5 ea daily); RX/OTC
INSULIN SYRINGE/0.3ML/29G X 1" MISC	1	QL(5 ea daily)

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

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INSULIN SYRINGE/NEEDLE 1ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
INSULIN SYRINGE/NEEDLE 1ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
INSULIN SYRINGE/NEEDLE 1ML/31G X 5/16" MISC	1	QL(5 ea daily)
INSULIN SYRINGE/U-100/0.3ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
INSULIN SYRINGE/U-100/0.5ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
INSULIN SYRINGE/U-100/1ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
INSULIN SYRINGE/U-100/1ML/30G X 5/16" MISC	1	QL(5 ea daily)
INSULIN SYRINGE/U-100/1ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
INSULIN SYRINGE/U-100/1ML/31G X 5/16" MISC	1	QL(5 ea daily)
INSULIN SYRINGES/0.5ML/27GX1/2" MISC	1	QL(5 ea daily)
INSULIN SYRINGES/0.5ML/28GX1/2" MISC	1	QL(5 ea daily); RX/OTC
INSULIN SYRINGES/0.5ML/29GX1/2" MISC	1	QL(5 ea daily); RX/OTC
INSULIN SYRINGES/0.5ML/30GX5/16" MISC	1	QL(5 ea daily); RX/OTC
INSULIN SYRINGES/0.5ML/31GX 5/16" MISC	1	QL(5 ea daily)
INSULIN SYRINGES/0.5ML/31GX5/16" MISC	1	QL(5 ea daily)
INSULIN SYRINGES/1ML/27GX1/2" MISC	1	QL(5 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
INSULIN SYRINGES/1ML/27GX1/2" MISC	1	QL(5 ea daily); RX/OTC
INSULIN SYRINGES/1ML/28GX1/2" MISC	1	QL(5 ea daily); RX/OTC
INSULIN SYRINGES/1ML/29GX1/2" MISC	1	QL(5 ea daily); RX/OTC
INSULIN SYRINGES/1ML/30GX1/2" MISC	1	QL(5 ea daily)
INSULIN SYRINGES/1ML/31GX5/16" MISC	1	QL(5 ea daily)
INSUPEN 29G X 12MM MISC	1	QL(5 ea daily); RX/OTC
INSUPEN 31G X 5MM MISC	1	QL(5 ea daily); RX/OTC
INSUPEN 31G X 8MM MISC	1	QL(5 ea daily); RX/OTC
INSUPEN 32G X 4MM MISC	1	QL(5 ea daily); RX/OTC
INSUPEN PEN NEEDLES 32G X4MM MISC	1	QL(5 ea daily); RX/OTC
INSUPEN SENSITIVE 32GX6MM MISC	1	QL(5 ea daily)
INSUPEN ULTRAFIN 29GX12MM MISC	1	QL(5 ea daily); RX/OTC
INSUPEN ULTRAFIN 30GX8MM MISC	1	QL(5 ea daily); RX/OTC
INSUPEN ULTRAFIN 31GX6MM MISC	1	QL(5 ea daily)
INSUPEN ULTRAFIN 31GX8MM MISC	1	QL(5 ea daily); RX/OTC
KINRAY INSULIN SYRINGE PREFERRED PLUS/0.3ML/31G X 5/16" MISC	1	QL(5 ea daily)
KINRAY INSULIN SYRINGE PREFERRED PLUS/0.5ML/31G X 5/16" MISC	1	QL(5 ea daily)
KINRAY INSULIN SYRINGE PREFERRED PLUS/1ML/31G X 5/16" MISC	1	QL(5 ea daily)

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

Drug Name	Drug Tier	Requirements/ Limits
KROGER PEN NEEDLES/31G X3/16" MISC	1	QL(5 ea daily); RX/OTC
KROGER PEN NEEDLES/31G X5/16" MISC	1	QL(5 ea daily); RX/OTC
KROGER PEN NEEDLES/32G X5/32" MISC	1	QL(5 ea daily); RX/OTC
LEADER INSULIN SYRINGE/0.3ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
LEADER INSULIN SYRINGE/0.3ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
LEADER INSULIN SYRINGE/0.3ML/31G X 5/16" MISC	1	QL(5 ea daily)
LEADER INSULIN SYRINGE/0.5ML/28G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
LEADER INSULIN SYRINGE/0.5ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
LEADER INSULIN SYRINGE/0.5ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
LEADER INSULIN SYRINGE/0.5ML/31G X 5/16" MISC	1	QL(5 ea daily)
LEADER INSULIN SYRINGE/1ML/28G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
LEADER INSULIN SYRINGE/1ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
LEADER INSULIN SYRINGE/1ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
LEADER INSULIN SYRINGE/1ML/31G X 5/16" MISC	1	QL(5 ea daily)
LEADER UNIFINE PENTIPS PLUS/MINI/31GX3/16" MISC	1	QL(5 ea daily); RX/OTC

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Drug Name	Drug Tier	Requirements/ Limits
LEADER UNIFINE PENTIPS PLUS/SHORT/31GX5/16" MISC	1	QL(5 ea daily); RX/OTC
LEADER UNIFINE PENTIPS/MINI/31GX3/16" MISC	1	QL(5 ea daily); RX/OTC
LEADER UNIFINE PENTIPS/NANO/32GX5/32" MISC	1	QL(5 ea daily); RX/OTC
LEADER UNIFINE PENTIPS/PLUS/32GX5/32" MISC	1	QL(5 ea daily); RX/OTC
LITETOUCH INSULIN PEN NEEDLES/32G X 4MM/MINI MISC	1	QL(5 ea daily); RX/OTC
LITETOUCH INSULIN SYRINGE/0.3ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
LITETOUCH INSULIN SYRINGE/0.3ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
LITETOUCH INSULIN SYRINGE/0.3ML/31G X 5/16" MISC	1	QL(5 ea daily)
LITETOUCH INSULIN SYRINGE/0.5ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
LITETOUCH INSULIN SYRINGE/0.5ML/31G X 5/16" MISC	1	QL(5 ea daily)
LITETOUCH INSULIN SYRINGE/1ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
LITETOUCH INSULIN SYRINGE/U- 100/0.3ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
LITETOUCH INSULIN SYRINGE/U- 100/0.3ML/31G X 5/16" MISC	1	QL(5 ea daily)
LITETOUCH INSULIN SYRINGE/U- 100/0.5ML/28G X 1/2" MISC	1	QL(5 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
LITETOUCH INSULIN SYRINGE/U- 100/0.5ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
LITETOUCH INSULIN SYRINGE/U- 100/0.5ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
LITETOUCH INSULIN SYRINGE/U- 100/0.5ML/31G X 5/16" MISC	1	QL(5 ea daily)
LITETOUCH INSULIN SYRINGE/U-100/1ML/28G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
LITETOUCH INSULIN SYRINGE/U-100/1ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
LITETOUCH INSULIN SYRINGE/U-100/1ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
LITETOUCH INSULIN SYRINGE/U-100/1ML/31G X 5/16" MISC	1	QL(5 ea daily)
LITETOUCH PEN NEEDLES 29GX12.7MM MISC	1	QL(5 ea daily)
LITETOUCH PEN NEEDLES 31G X 6MM MISC	1	QL(5 ea daily)
LITETOUCH PEN NEEDLES 31G X 6MM/ULTRA SHORT MISC	1	QL(5 ea daily)
LITETOUCH PEN NEEDLES 31GX8MM SHORT MISC	1	QL(5 ea daily); RX/OTC
LITETOUCH PEN NEEDLES/31G X 3/16" MISC	1	QL(5 ea daily); RX/OTC
LITETOUCH PEN NEEDLES/31G X 5MM/MINI MISC	1	QL(5 ea daily); RX/OTC
LITETOUCH PEN NEEDLES/31G X 8MM/SHORT MISC	1	QL(5 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
LONGS INSULIN SYRINGE/0.5ML/31G X 5/16" MISC	1	QL(5 ea daily)
MAGELLAN INSULIN SAFETY SYRINGE/U-100/0.3ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
MAGELLAN INSULIN SAFETY SYRINGE/U-100/0.3ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
MAGELLAN INSULIN SAFETY SYRINGE/U-100/0.5ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
MAGELLAN INSULIN SAFETY SYRINGE/U-100/0.5ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
MAGELLAN INSULIN SAFETY SYRINGE/U-100/1ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
MAGELLAN INSULIN SAFETY SYRINGE/U-100/1ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
MARATHON MEDICAL PENTIPS29GX12MM MISC	1	QL(5 ea daily); RX/OTC
MARATHON MEDICAL PENTIPS31GX5MM MISC	1	QL(5 ea daily); RX/OTC
MARATHON MEDICAL PENTIPS31GX8MM MISC	1	QL(5 ea daily); RX/OTC
MARATHON MEDICAL PENTIPS32GX4MM MISC	1	QL(5 ea daily); RX/OTC
MAXI-COMFORT INSULIN SYRINGE/U-100/0.5ML/28GX1/2" MISC	1	QL(5 ea daily); RX/OTC
MAXI-COMFORT INSULIN SYRINGE/U-100/1ML/28GX1/2" MISC	1	QL(5 ea daily); RX/OTC
MAXI-COMFORT SAFETY PEN NEEDLE/29G X 5/16" MISC	1	QL(5 ea daily)
MAXICOMFORT II PEN NEEDLES/31G X 1/4" MISC	1	QL(5 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
MAXICOMFORT INSULIN SYRINGES 27G X 1/2" MISC	1	QL(5 ea daily)
MAXICOMFORT INSULIN SYRINGES 27G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
MEDIC INSULIN SYRINGE/0.3ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
MEDIC INSULIN SYRINGE/0.5ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
MEDICINE SHOPPE PEN NEEDLES 29G X 12MM MISC	1	QL(5 ea daily); RX/OTC
MEDICINE SHOPPE PEN NEEDLES 31G X 6MM MISC	1	QL(5 ea daily)
MEDICINE SHOPPE PEN NEEDLES 31G X 8MM MISC	1	QL(5 ea daily); RX/OTC
MEIJER PEN NEEDLES 29G X12MM MISC	1	QL(5 ea daily); RX/OTC
MEIJER PEN NEEDLES 31G X6MM MISC	1	QL(5 ea daily)
MEIJER PEN NEEDLES 31G X8MM MISC	1	QL(5 ea daily); RX/OTC
MICRODOT PEN NEEDLE/31G X 6 MM MISC	1	QL(5 ea daily)
MICRODOT PEN NEEDLE/32G X 4 MM MISC	1	QL(5 ea daily); RX/OTC
MM INSULIN SYRINGE/U-100/0.3ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
MM INSULIN SYRINGE/U-100/0.3ML/31G X 5/16" MISC	1	QL(5 ea daily)
MM INSULIN SYRINGE/U-100/1/2ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
MM INSULIN SYRINGE/U-100/1/2ML/31G X 5/16" MISC	1	QL(5 ea daily)

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

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

Drug Name	Drug Tier	Requirements/ Limits
MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.5ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.5ML/31G X 5/16" MISC	1	QL(5 ea daily)
MONOJECT ULTRA COMFORT INSULIN SYRINGE/1ML/28G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
MONOJECT ULTRA COMFORT INSULIN SYRINGE/1ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
MS INSULIN SYRINGE/0.3ML/31G X 5/16" MISC	1	QL(5 ea daily)
MS INSULIN SYRINGE/0.5ML/31G X 5/16" MISC	1	QL(5 ea daily)
MS INSULIN SYRINGE/1ML/31G X 5/16" MISC	1	QL(5 ea daily)
NOVOFINE 32GX6MM MISC	1	QL(5 ea daily)
NOVOFINE AUTOCOVER 30GX8MM MISC	1	QL(5 ea daily); RX/OTC
NOVOFINE PLUS 32GX4MM MISC	1	QL(5 ea daily); RX/OTC
NOVOTWIST 32GX5MM MISC	1	QL(5 ea daily); RX/OTC
PC UNIFINE PENTIPS 29G X1/2" MISC	1	QL(5 ea daily); RX/OTC
PC UNIFINE PENTIPS 31G X5MM MINI MISC	1	QL(5 ea daily); RX/OTC
PC UNIFINE PENTIPS 31G X6MM ULTRA SHORT MISC	1	QL(5 ea daily)
PC UNIFINE PENTIPS 31G X8MM SHORT MISC	1	QL(5 ea daily); RX/OTC
PEN NEEDLES 29G X 12MM MISC	1	QL(5 ea daily); RX/OTC
PEN NEEDLES 29GX1/2" MISC	1	QL(5 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
PEN NEEDLES 29GX12MM MISC	1	QL(5 ea daily); RX/OTC
PEN NEEDLES 30GX5/16" MISC	1	QL(5 ea daily); RX/OTC
PEN NEEDLES 30GX8MM MISC	1	QL(5 ea daily); RX/OTC
PEN NEEDLES 31G X 1/4" SHORT MISC	1	QL(5 ea daily)
PEN NEEDLES 31G X 3/16" MISC	1	QL(5 ea daily); RX/OTC
PEN NEEDLES 31G X 5MM MISC	1	QL(5 ea daily); RX/OTC
PEN NEEDLES 31G X 6MM MISC	1	QL(5 ea daily)
PEN NEEDLES 31G X 8MM MISC	1	QL(5 ea daily); RX/OTC
PEN NEEDLES 31GX5/16" MISC	1	QL(5 ea daily); RX/OTC
PEN NEEDLES 31GX6MM (1/4") MISC	1	QL(5 ea daily)
PEN NEEDLES 31GX8MM (5/16") MISC	1	QL(5 ea daily); RX/OTC
PEN NEEDLES 31GX8MM MISC	1	QL(5 ea daily); RX/OTC
PEN NEEDLES 32G X 4MM MISC	1	QL(5 ea daily); RX/OTC
PEN NEEDLES 32G X 5MM MISC	1	QL(5 ea daily); RX/OTC
PEN NEEDLES 32G X 6MM MISC	1	QL(5 ea daily)
PEN NEEDLES 32GX4MM MISC	1	QL(5 ea daily); RX/OTC
PEN NEEDLES/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
PEN NEEDLES/31G X 1/4" MISC	1	QL(5 ea daily)
PEN NEEDLES/31G X 3/16" MISC	1	QL(5 ea daily); RX/OTC
PEN NEEDLES/31G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
PEN NEEDLES/31G X 6MM MISC	1	QL(5 ea daily)
PEN NEEDLES/32G X 5/32" MISC	1	QL(5 ea daily); RX/OTC
PENTIPS 29G X 12MM MISC	1	QL(5 ea daily); RX/OTC

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Drug Name	Drug Tier	Requirements/ Limits
PENTIPS 29GX12MM MISC	1	QL(5 ea daily); RX/OTC
PENTIPS 31G X 5MM MISC	1	QL(5 ea daily); RX/OTC
PENTIPS 31G X 8MM MISC	1	QL(5 ea daily); RX/OTC
PENTIPS 31GX5MM MISC	1	QL(5 ea daily); RX/OTC
PENTIPS 31GX6MM MISC	1	QL(5 ea daily)
PENTIPS 31GX8MM MISC	1	QL(5 ea daily); RX/OTC
PENTIPS 32G X 4MM MISC	1	QL(5 ea daily); RX/OTC
PENTIPS 32GX4MM MISC	1	QL(5 ea daily); RX/OTC
PRECISION SURE-DOSE INSULIN SYRINGE/0.3ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
PRECISION SURE-DOSE INSULIN SYRINGE/0.5ML/28G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
PRECISION SURE-DOSE INSULIN SYRINGE/0.5ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
PRECISION SURE-DOSE INSULIN SYRINGE/0.5ML/30G X 3/8" MISC	1	QL(5 ea daily)
PRECISION SURE-DOSE INSULIN SYRINGE/1ML/28G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
PRECISION SURE-DOSE PLUSINSULIN SYRINGE/0.3ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
PRECISION SURE-DOSE PLUSINSULIN SYRINGE/1ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
PREFERRED PLUS INSULIN SYRINGE/U-100/0.3ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
PREFERRED PLUS INSULIN SYRINGE/U-100/0.3ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
PREFERRED PLUS INSULIN SYRINGE/U-100/0.5ML/28G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
PREFERRED PLUS INSULIN SYRINGE/U-100/0.5ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
PREFERRED PLUS INSULIN SYRINGE/U-100/0.5ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
PREFERRED PLUS INSULIN SYRINGE/U-100/1ML/28G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
PREFERRED PLUS INSULIN SYRINGE/U-100/1ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
PREFERRED PLUS INSULIN SYRINGE/U-100/1ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
PREFERRED PLUS UNIFINE PENTIPS 29G X 12MM MISC	1	QL(5 ea daily); RX/OTC
PREFERRED PLUS UNIFINE PENTIPS 31G X 6MM ULTRA SHORT MISC	1	QL(5 ea daily)
PREFERRED PLUS UNIFINE PENTIPS 31G X 8MM SHORT MISC	1	QL(5 ea daily); RX/OTC
PREFERRED PLUS UNIFINE PENTIPS 32GX4MM MISC	1	QL(5 ea daily); RX/OTC
PREFERRED PLUS UNIFINE PENTIPS/MINI/31GX5MM MISC	1	QL(5 ea daily); RX/OTC
PREVENT SAFETY PEN NEEDLES 31GX1/4" MISC	1	QL(5 ea daily)
PREVENT SAFETY PEN NEEDLES 31GX5/16" MISC	1	QL(5 ea daily); RX/OTC

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Drug Name	Drug Tier	Requirements/ Limits
PRO COMFORT INSULIN SYRINGES/0.5ML/30G X 1/2" MISC	1	QL(5 ea daily)
PRO COMFORT INSULIN SYRINGES/0.5ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
PRO COMFORT INSULIN SYRINGES/0.5ML/31G X 5/16" MISC	1	QL(5 ea daily)
PRO COMFORT INSULIN SYRINGES/1ML/30G X 1/2" MISC	1	QL(5 ea daily)
PRO COMFORT INSULIN SYRINGES/1ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
PRO COMFORT INSULIN SYRINGES/1ML/31G X 5/16" MISC	1	QL(5 ea daily)
PRO COMFORT PEN NEEDLES/31G X 8MM MISC	1	QL(5 ea daily); RX/OTC
PRO COMFORT PEN NEEDLES/32G X 4MM MISC	1	QL(5 ea daily); RX/OTC
PRO COMFORT PEN NEEDLES/32G X 5MM MISC	1	QL(5 ea daily); RX/OTC
PRO COMFORT PEN NEEDLES/32G X 6MM MISC	1	QL(5 ea daily)
PRODIGY INSULIN SYRINGE/U-100/0.3ML/31G X 5/16" MISC	1	QL(5 ea daily)
PRODIGY INSULIN SYRINGE/1/2ML/31G X 5/16" MISC	1	QL(5 ea daily)
PRODIGY INSULIN SYRINGE/1ML/28G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
PURE COMFORT PEN NEEDLE 32G X6MM MISC	1	QL(5 ea daily)
PURE COMFORT PEN NEEDLE/32G X 5MM MISC	1	QL(5 ea daily); RX/OTC
PURE COMFORT PEN NEEDLE/32G X4MM MISC	1	QL(5 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
PX EXTRA SHORT PEN NEEDLES 31GX6MM MISC	1	QL(5 ea daily)
PX INSULIN SYRINGE/U-100/0.5ML/30G X 1/2" MISC	1	QL(5 ea daily)
PX MINI PEN NEEDLES 31GX5MM MISC	1	QL(5 ea daily); RX/OTC
PX PEN NEEDLE 29GX12MM MISC	1	QL(5 ea daily); RX/OTC
PX PEN NEEDLE 31GX8MM MISC	1	QL(5 ea daily); RX/OTC
PX SHORTLENGTH PEN NEEDLES/31GX8MM MISC	1	QL(5 ea daily); RX/OTC
QC PEN NEEDLES 29G X 12MM MISC	1	QL(5 ea daily); RX/OTC
QC PEN NEEDLES 31G X 6MM MISC	1	QL(5 ea daily)
QC PEN NEEDLES 31G X 8MM MISC	1	QL(5 ea daily); RX/OTC
QC UNIFINE PENTIPS 32GX4MM MISC	1	QL(5 ea daily); RX/OTC
RA INSULIN SYRINGE/0.5ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
RA INSULIN SYRINGE/1ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
RA INSULIN SYRINGE/U-100/0.5ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
RA INSULIN SYRINGE/U-100/1 ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
RA PEN NEEDLES 31G X 5MM3/16" MISC	1	QL(5 ea daily); RX/OTC
RA PEN NEEDLES 31G X 8MM5/16" MISC	1	QL(5 ea daily); RX/OTC
REALITY INSULIN SYRINGE/U-100/0.5ML/28G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
REALITY INSULIN SYRINGE/U-100/0.5ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC

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Drug Name	Drug Tier	Requirements/ Limits
REALITY INSULIN SYRINGE/U-100/1ML/28G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
REALITY INSULIN SYRINGE/U-100/1ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
RELION INSULIN SYRINGE 1ML/31GX15/64" MISC	1	QL(5 ea daily)
RELION INSULIN SYRINGE/U-00/1ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
RELION INSULIN SYRINGE/U-100/0.3ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
RELION INSULIN SYRINGE/U-100/0.3ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
RELION INSULIN SYRINGE/U-100/0.3ML/31G X 5/16" MISC	1	QL(5 ea daily)
RELION INSULIN SYRINGE/U-100/0.5ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
RELION INSULIN SYRINGE/U-100/0.5ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
RELION INSULIN SYRINGE/U-100/0.5ML/31G X 5/16" MISC	1	QL(5 ea daily)
RELION INSULIN SYRINGE/U-100/1ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
RELION INSULIN SYRINGE/U-100/1ML/31G X 15/64" MISC	1	QL(5 ea daily)
RELION INSULIN SYRINGE/U-100/1ML/31G X 5/16" MISC	1	QL(5 ea daily)
RELION MINI PEN NEEDLES 31GX6MM MISC	1	QL(5 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
RELION PEN NEEDLES 29GX12MM MISC	1	QL(5 ea daily); RX/OTC
RELION PEN NEEDLES 31GX5/16" MISC	1	QL(5 ea daily); RX/OTC
RELION PEN NEEDLES 31GX6MM MISC	1	QL(5 ea daily)
RELION PEN NEEDLES 31GX8MM MISC	1	QL(5 ea daily); RX/OTC
RELION PEN NEEDLES 32G X5/32" MISC	1	QL(5 ea daily); RX/OTC
RELION PEN NEEDLES 32GX4MM MISC	1	QL(5 ea daily); RX/OTC
RELION PEN NEEDLES/31G X1/4" MISC	1	QL(5 ea daily)
RELION SHORT PEN NEEDLES31GX8MM MISC	1	QL(5 ea daily); RX/OTC
SAFESNAP INSULIN SYRINGE/0.3ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
SAFESNAP INSULIN SYRINGE/0.5ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
SAFESNAP INSULIN SYRINGE/0.5ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
SAFESNAP INSULIN SYRINGE/1ML/28G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
SAFESNAP INSULIN SYRINGE/1ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
SAFETY INSULIN SYRINGES 0.5ML/29GX1/2" MISC	1	QL(5 ea daily); RX/OTC
SAFETY INSULIN SYRINGES 0.5ML/30GX5/16" MISC	1	QL(5 ea daily); RX/OTC
SAFETY INSULIN SYRINGES 1ML/27GX1/2" MISC	1	QL(5 ea daily); RX/OTC
SAFETY INSULIN SYRINGES 1ML/29GX1/2" MISC	1	QL(5 ea daily); RX/OTC
SAFETY INSULIN SYRINGES 1ML/30GX1/2" MISC	1	QL(5 ea daily)

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Drug Name	Drug Tier	Requirements/ Limits
SB INSULIN SYRINGE/U-100/0.5ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
SB INSULIN SYRINGE/U-100/0.5ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
SB INSULIN SYRINGE/U-100/1ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
SB INSULIN SYRINGE/U-100/1ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
SB INSULIN SYRINGE/U-100/1ML/31G X 5/16" MISC	1	QL(5 ea daily)
SECURESAFE SAFETY INSULIN SYRINGES/U-100/0.5ML/29GX1/2" MISC	1	QL(5 ea daily); RX/OTC
SECURESAFE SAFETY INSULIN SYRINGES/U-100/1ML/29GX1/2" MISC	1	QL(5 ea daily); RX/OTC
SHOPKO UNIFINE PENTIPS PEN NEEDLES/MICRO/32GX4 MM MISC	1	QL(5 ea daily); RX/OTC
SHOPKO UNIFINE PENTIPS PEN NEEDLES/MINI/31GX5MM MISC	1	QL(5 ea daily); RX/OTC
SHOPKO UNIFINE PENTIPS PEN NEEDLES/ORIGINAL/29G X12MM MISC	1	QL(5 ea daily); RX/OTC
SHOPKO UNIFINE PENTIPS PEN NEEDLES/SHORT/31GX8 MM MISC	1	QL(5 ea daily); RX/OTC
SHOPKO UNIFINE PENTIPS PLUS PEN NEEDLES/MICRO/REMOV R/32GX4MM MISC	1	QL(5 ea daily); RX/OTC
SHOPKO UNIFINE PENTIPS PLUS PEN NEEDLES/MINI/REMOVE R/31GX5MM MISC	1	QL(5 ea daily); RX/OTC
SHOPKO UNIFINE PENTIPS PLUS PEN NEEDLES/REMOVER/29G X12MM MISC	1	QL(5 ea daily); RX/OTC

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

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

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

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

Drug Name	Drug Tier	Requirements/ Limits
TECHLITE PEN NEEDLES/32GX 6MM MISC	1	QL(5 ea daily)
TODAYS HEALTH MINI PEN NEEDLES 31G X 1/4" MISC	1	QL(5 ea daily)
TODAYS HEALTH ORIGINAL PEN NEEDLES 29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
TODAYS HEALTH SHORT PEN NEEDLES 31G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
TOPCARE CLICKFINE UNIVERSAL PEN NEEDLES 31GX1/4" MISC	1	QL(5 ea daily)
TOPCARE CLICKFINE UNIVERSAL PEN NEEDLES 31GX5/16" MISC	1	QL(5 ea daily); RX/OTC
TOPCARE ULTRA COMFORT INSULIN SYRINGE/0.3ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
TOPCARE ULTRA COMFORT INSULIN SYRINGE/0.3ML/31G X 5/16" MISC	1	QL(5 ea daily)
TOPCARE ULTRA COMFORT INSULIN SYRINGE/0.5ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
TOPCARE ULTRA COMFORT INSULIN SYRINGE/0.5ML/31G X 5/16" MISC	1	QL(5 ea daily)
TOPCARE ULTRA COMFORT INSULIN SYRINGE/1ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
TOPCARE ULTRA COMFORT INSULIN SYRINGE/1ML/31G X 5/16" MISC	1	QL(5 ea daily)
TOPCARE ULTRA COMFORT INSULIN SYRINGE/U-100/0.3ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC

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Drug Name	Drug Tier	Requirements/ Limits
TOPCARE ULTRA COMFORT INSULIN SYRINGE/U-100/0.5ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
TOPCARE ULTRA COMFORT INSULIN SYRINGE/U-100/1ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
TRUE COMFORT INSULIN SYRINGE/0.5ML/31G X 5/16" MISC	1	QL(5 ea daily)
TRUE COMFORT INSULIN SYRINGE/1ML/31G X 5/16" MISC	1	QL(5 ea daily)
TRUE COMFORT PEN NEEDLES31G X 5MM MISC	1	QL(5 ea daily); RX/OTC
TRUE COMFORT PEN NEEDLES31G X 6MM MISC	1	QL(5 ea daily)
TRUE COMFORT PEN NEEDLES32G X 4MM MISC	1	QL(5 ea daily); RX/OTC
TRUEPLUS 5-BEVEL PEN NEEDLES 29GX12.7MM MISC	1	QL(5 ea daily)
TRUEPLUS 5-BEVEL PEN NEEDLES 31GX5MM MISC	1	QL(5 ea daily); RX/OTC
TRUEPLUS 5-BEVEL PEN NEEDLES 31GX6MM MISC	1	QL(5 ea daily)
TRUEPLUS 5-BEVEL PEN NEEDLES 31GX8MM MISC	1	QL(5 ea daily); RX/OTC
TRUEPLUS 5-BEVEL PEN NEEDLES 32GX4MM MISC	1	QL(5 ea daily); RX/OTC
TRUEPLUS INSULIN SYRINGE/U-100/0.3ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
TRUEPLUS INSULIN SYRINGE/U-100/0.3ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC

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

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

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

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Drug Name	Drug Tier	Requirements/ Limits
ULTICARE MICRO PEN NEEDLES 31G X 8MM MISC	1	QL(5 ea daily); RX/OTC
ULTICARE MICRO PEN NEEDLES 32G X 4MM MISC	1	QL(5 ea daily); RX/OTC
ULTICARE MICRO PEN NEEDLES/31G X 1/4" MISC	1	QL(5 ea daily)
ULTICARE MICRO PEN NEEDLES/31G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
ULTICARE MICRO PEN NEEDLES/32G X 4MM MISC	1	QL(5 ea daily); RX/OTC
ULTICARE MICRO PEN NEEDLES/32G X 5/32" MISC	1	QL(5 ea daily); RX/OTC
ULTICARE MINI PEN NEEDLES 31GX6MM MISC	1	QL(5 ea daily)
ULTICARE MINI PEN NEEDLES ULTI-FINE IV MISC	1	QL(5 ea daily)
ULTICARE MINI PEN NEEDLES/31G X 6MM MISC	1	QL(5 ea daily)
ULTICARE MINI PEN NEEDLES/32G X 1/4" MISC	1	QL(5 ea daily)
ULTICARE MINI PEN NEEDLES31GX6MM MISC	1	QL(5 ea daily)
ULTICARE ORIGINAL PEN NEEDLES ULTI-FINE MISC	1	QL(5 ea daily)
ULTICARE PEN NEEDLES 31GX 5MM MISC	1	QL(5 ea daily); RX/OTC
ULTICARE PEN NEEDLES 31GX 5MM/MINI MISC	1	QL(5 ea daily); RX/OTC
ULTICARE PEN NEEDLES/29GX 12.7MM MISC	1	QL(5 ea daily)
ULTICARE SHORT PEN NEEDLES 31GX8MM MISC	1	QL(5 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
ULTICARE SHORT PEN NEEDLES ULTI-FINE IV MISC	1	QL(5 ea daily); RX/OTC
ULTICARE SHORT PEN NEEDLES/31G X 8MM MISC	1	QL(5 ea daily); RX/OTC
ULTIGUARD SAFEPACK/MICROPEN NEEDLE/32G X 5/32"/SHARPS CONTA MISC	1	QL(5 ea daily); RX/OTC
ULTIGUARD SAFEPACK/MINI PEN NEEDLE/31G X 1/4"/SHARPS CONTAIN MISC	1	QL(5 ea daily)
ULTIGUARD SAFEPACK/MINI PEN NEEDLE/31G X 3/16"/SHARPS CONTAI MISC	1	QL(5 ea daily); RX/OTC
ULTIGUARD SAFEPACK/MINI PEN NEEDLE/32G X 1/4"/SHARPS CONTAIN MISC	1	QL(5 ea daily)
ULTIGUARD SAFEPACK/SHORTPEN NEEDLE/31G X 5/16"/SHARPS CONTA MISC	1	QL(5 ea daily); RX/OTC
ULTILET INSULIN SYRINGE/0.3ML/30G X 8MM MISC	1	QL(5 ea daily); RX/OTC
ULTILET INSULIN SYRINGE/0.3ML/31G X 8MM MISC	1	QL(5 ea daily)
ULTILET INSULIN SYRINGE/0.5ML/30G X 8MM MISC	1	QL(5 ea daily); RX/OTC
ULTILET INSULIN SYRINGE/1ML/30G X 8MM MISC	1	QL(5 ea daily); RX/OTC
ULTILET INSULIN SYRINGE/1ML/31G X 8MM MISC	1	QL(5 ea daily)

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

Drug Name	Drug Tier	Requirements/ Limits
ULTRA COMFORT INSULIN SYRINGE/U-100/0.3ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
ULTRA FLO INSULIN PEN NEEDLES MISC	1	QL(5 ea daily); RX/OTC
ULTRA FLO INSULIN SYRINGE 0.3ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
ULTRA THIN PEN NEEDLES 32G X 4MM MISC	1	QL(5 ea daily); RX/OTC
ULTRA-COMFORT INSULIN SYRINGE/U-100/0.3ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
ULTRA-COMFORT INSULIN SYRINGE/U-100/0.3ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
ULTRA-COMFORT INSULIN SYRINGE/U-100/0.3ML/31G X 5/16" MISC	1	QL(5 ea daily)
ULTRA-COMFORT INSULIN SYRINGE/U-100/0.5ML/28G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
ULTRA-COMFORT INSULIN SYRINGE/U-100/0.5ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
ULTRA-COMFORT INSULIN SYRINGE/U-100/0.5ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
ULTRA-COMFORT INSULIN SYRINGE/U-100/0.5ML/31G X 5/16" MISC	1	QL(5 ea daily)
ULTRA-COMFORT INSULIN SYRINGE/U-100/1ML/28G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
ULTRA-COMFORT INSULIN SYRINGE/U-100/1ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC

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ULTRA-COMFORT INSULIN SYRINGE/U-100/1ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
ULTRA-COMFORT INSULIN SYRINGE/U-100/1ML/31G X 5/16" MISC	1	QL(5 ea daily)
ULTRA-THIN II INSULIN SYRINGE SHORT/U-100/0.3ML/30GX5/16" MISC	1	QL(5 ea daily); RX/OTC
ULTRA-THIN II INSULIN SYRINGE SHORT/U-100/0.3ML/31GX5/16" MISC	1	QL(5 ea daily)
ULTRA-THIN II INSULIN SYRINGE SHORT/U-100/0.5ML/30GX5/16" MISC	1	QL(5 ea daily); RX/OTC
ULTRA-THIN II INSULIN SYRINGE SHORT/U-100/0.5ML/31GX5/16" MISC	1	QL(5 ea daily)
ULTRA-THIN II INSULIN SYRINGE SHORT/U-100/1ML/30GX5/16" MISC	1	QL(5 ea daily); RX/OTC
ULTRA-THIN II INSULIN SYRINGE SHORT/U-100/1ML/31GX5/16" MISC	1	QL(5 ea daily)
ULTRA-THIN II INSULIN SYRINGE/U-100/0.5ML/29GX1/2" MISC	1	QL(5 ea daily); RX/OTC
ULTRA-THIN II INSULIN SYRINGE/U-100/1ML/29GX1/2" MISC	1	QL(5 ea daily); RX/OTC
ULTRA-THIN II MINI PEN NEEDLES/31GX3/16" MISC	1	QL(5 ea daily); RX/OTC
ULTRA-THIN II PEN NEEDLES 29GX1/2" MISC	1	QL(5 ea daily)
ULTRA-THIN II PEN NEEDLES/SHORT/31GX5/16" MISC	1	QL(5 ea daily); RX/OTC
ULTRACARE INSULIN SYRINGE/U-100/0.3ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
ULTRACARE INSULIN SYRINGE/U-100/0.3ML/31G X 5/16" MISC	1	QL(5 ea daily)
ULTRACARE INSULIN SYRINGE/U-100/0.5ML/30G X 1/2" MISC	1	QL(5 ea daily)
ULTRACARE INSULIN SYRINGE/U-100/0.5ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
ULTRACARE INSULIN SYRINGE/U-100/0.5ML/31G X 5/16" MISC	1	QL(5 ea daily)
ULTRACARE INSULIN SYRINGE/U-100/1ML/30G X 1/2" MISC	1	QL(5 ea daily)
ULTRACARE INSULIN SYRINGE/U-100/1ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
ULTRACARE INSULIN SYRINGE/U-100/1ML/31G X 5/16" MISC	1	QL(5 ea daily)
ULTRACARE PEN NEEDLES/31G X 1/4" MISC	1	QL(5 ea daily)
ULTRACARE PEN NEEDLES/31G X 3/16" MISC	1	QL(5 ea daily); RX/OTC
ULTRACARE PEN NEEDLES/31G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
ULTRACARE PEN NEEDLES/32G X 1/14" MISC	1	QL(5 ea daily)
ULTRACARE PEN NEEDLES/32G X 3/16" MISC	1	QL(5 ea daily); RX/OTC
ULTRACARE PEN NEEDLES/32G X 5/32" MISC	1	QL(5 ea daily); RX/OTC
UNIFINE PENTIPS 29GX12MM MISC	1	QL(5 ea daily); RX/OTC
UNIFINE PENTIPS 31G X 3/16" MISC	1	QL(5 ea daily); RX/OTC

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Drug Name	Drug Tier	Requirements/ Limits
UNIFINE PENTIPS 31GX5MM MISC	1	QL(5 ea daily); RX/OTC
UNIFINE PENTIPS 31GX6MM MISC	1	QL(5 ea daily)
UNIFINE PENTIPS 31GX8MM MISC	1	QL(5 ea daily); RX/OTC
UNIFINE PENTIPS 32GX4MM MISC	1	QL(5 ea daily); RX/OTC
UNIFINE PENTIPS 32GX6MM MISC	1	QL(5 ea daily)
UNIFINE PENTIPS PLUS 29GX12MM MISC	1	QL(5 ea daily); RX/OTC
UNIFINE PENTIPS PLUS 31GX5MM MISC	1	QL(5 ea daily); RX/OTC
UNIFINE PENTIPS PLUS 31GX6MM MISC	1	QL(5 ea daily)
UNIFINE PENTIPS PLUS 31GX8MM MISC	1	QL(5 ea daily); RX/OTC
UNIFINE PENTIPS PLUS 32GX4MM MISC	1	QL(5 ea daily); RX/OTC
UNIFINE SAFECONTROL PEN NEEDLE/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
VALUE HEALTH INSULIN SYRINGE/U-100/0.5ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
VALUE HEALTH INSULIN SYRINGE/U-100/1ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
VALUMARK PEN NEEDLES 29GX12MM MISC	1	QL(5 ea daily); RX/OTC
VALUMARK PEN NEEDLES 31GX 6MM MISC	1	QL(5 ea daily)
VALUMARK PEN NEEDLES 31GX 8MM MISC	1	QL(5 ea daily); RX/OTC
VANISHPOINT INSULIN SYRINGE/0.5ML/30G X 1/2" MISC	1	QL(5 ea daily)
VANISHPOINT INSULIN SYRINGE/0.5ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
VANISHPOINT INSULIN SYRINGE/1ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
VANISHPOINT INSULIN SYRINGE/1ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
VIDA MIA UNIFINE PENTIPS32GX4MM MISC	1	QL(5 ea daily); RX/OTC
VIDA MIA UNIFINE PENTIPSMINI 31GX6MM MISC	1	QL(5 ea daily)
VIDA MIA UNIFINE PENTIPSORIGINAL 29GX12MM MISC	1	QL(5 ea daily); RX/OTC
VIDA MIA UNIFINE PENTIPSSHORT 31GX8MM MISC	1	QL(5 ea daily); RX/OTC
VP INSULIN SYRINGE/U-100/0.3ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
WEGMANS UNIFINE PENTIPS PLUS 32GX4MM MISC	1	QL(5 ea daily); RX/OTC
WEGMANS UNIFINE PENTIPS PLUS/MINI/31GX5MM MISC	1	QL(5 ea daily); RX/OTC
WEGMANS UNIFINE PENTIPS PLUS/SHORT/31GX8MM MISC	1	QL(5 ea daily); RX/OTC
WEGMANS UNIFINE PENTIPS PLUS/ULTRA SHORT/31GX6MM MISC	1	QL(5 ea daily)
MIGRAINE PRODUCTS - Drugs to Treat Migraine Headaches		
Calcitonin Gene-Related Peptide (CGRP)		
AIMOVIG SOAJ	3	PA; QL(0.04 ml daily)
AJOVY SOSY	3	PA; QL(0.06 ml daily)
EMGALITY SOAJ 120 MG/ML	3	PA
EMGALITY SOSY 120 MG/ML	3	PA
Migraine Combinations		

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Drug Name	Drug Tier	Requirements/ Limits
CAFERGOT TABS (<i>Use ergotamine w/ caffeine</i>)	NF	
<i>ergotamine w/ caffeine tabs or 1 mg-100 mg</i>	1	
Migraine Products		
D.H.E. 45 SOLN (<i>Use dihydroergotamine mesylate</i>)	NF	
<i>dihydroergotamine mesylate soln ij 1 mg/ml</i>	1	
<i>dihydroergotamine mesylate soln na 4 mg/ml</i>	1	PA; QL(0.267 ml daily)
<i>dihydroergotamine mesylate soln na 4 mg/ml</i>	1	QL(0.267 ml daily)
ERGOMAR SUBL	3	QL(0.667 ea daily)
MIGRANAL SOLN (<i>Use dihydroergotamine mesylate</i>)	NF	QL(0.267 ml daily)
Serotonin Agonists		
<i>almotriptan malate tabs 12.5 mg</i>	1	ST; QL(0.4 ea daily); AL(At least 12 yrs old)
<i>almotriptan malate tabs 6.25 mg</i>	1	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)
<i>eletriptan hydrobromide tabs</i>	1	ST; QL(0.2 ea daily); AL(At least 18 yrs old)
FROVA TABS (<i>Use frovatriptan succinate</i>)	NF	ST; QL(0.4 ea daily); AL(At least 18 yrs old)
<i>frovatriptan succinate tabs</i>	1	ST; QL(0.4 ea daily); AL(At least 18 yrs old)

Drug Name	Drug Tier	Requirements/ Limits
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 10 MG (<i>Use rizatriptan benzoate</i>)	NF	QL(0.6 ea daily); AL(At least 6 yrs old)
MAXALT-MLT TBDP 5 MG (<i>Use rizatriptan benzoate</i>)	NF	QL(0.4 ea daily); AL(At least 6 yrs old)
<i>naratriptan hcl tabs</i>	1	QL(0.3 ea daily); AL(At least 18 yrs old)
RELPAK TABS (<i>Use eletriptan hydrobromide</i>)	NF	ST; QL(0.2 ea daily); AL(At least 18 yrs old)
<i>rizatriptan benzoate tabs 10 mg</i>	1	QL(0.6 ea daily); AL(At least 6 yrs old)
<i>rizatriptan benzoate tabs 5 mg</i>	1	QL(0.4 ea daily); AL(At least 6 yrs old)
<i>rizatriptan benzoate tbdp 10 mg</i>	1	QL(0.6 ea daily); AL(At least 6 yrs old)

Drug Name	Drug Tier	Requirements/ Limits
<i>rizatriptan benzoate tbdp 5 mg</i>	1	QL(0.4 ea daily); AL(At least 6 yrs old)
<i>sumatriptan soln</i>	1	QL(0.2 ea daily); AL(At least 18 yrs old)
<i>sumatriptan succinate soaj sc 4 mg/0.5ml, 6 mg/0.5ml</i>	1	QL(0.134 ml daily); AL(At least 18 yrs old)
<i>sumatriptan succinate soct sc 4 mg/0.5ml, 6 mg/0.5ml</i>	1	QL(0.134 ml daily); AL(At least 18 yrs old)
<i>sumatriptan succinate soln sc 6 mg/0.5ml</i>	1	QL(0.134 ml daily); AL(At least 18 yrs old)
<i>sumatriptan succinate sosy sc 6 mg/0.5ml</i>	1	QL(0.134 ml daily); AL(At least 18 yrs old)
<i>sumatriptan succinate tabs or 100 mg, 25 mg, 50 mg</i>	1	QL(0.3 ea daily); AL(At least 18 yrs old)
<i>zolmitriptan tabs</i>	1	ST; QL(0.3 ea daily); AL(At least 12 yrs old)
<i>zolmitriptan tbdp</i>	1	ST; QL(0.3 ea daily); AL(At least 12 yrs old)
ZOMIG SOLN NA 2.5 MG, 5 MG	3	ST; QL(0.2 ea daily); AL(At least 12 yrs old)
ZOMIG TABS OR 2.5 MG, 5 MG (Use <i>zolmitriptan</i>)	NF	ST; QL(0.3 ea daily); AL(At least 12 yrs old)
ZOMIG ZMT TBDP (Use <i>zolmitriptan</i>)	NF	ST; QL(0.3 ea daily); AL(At least 12 yrs old)
MINERALS & ELECTROLYTES		

Drug Name	Drug Tier	Requirements/ Limits
Bicarbonates		
SODIUM ACETATE SOLN 2 MEQ/ML	1	
<i>sodium acetate soln 4 meq/ml</i>	1	
Calcium		
<i>calcium chloride (dihydrate) soln</i>	1	
CALCIUM GLUCONATE SOLN	1	
<i>calcium gluconate soln</i>	1	
Electrolyte Mixtures		
<i>dextrose in lactated ringers soln</i>	1	
IONOSOL-MB/DEXTROSE 5% SOLN 20 MEQ/L-22 MEQ/L-23 MEQ/L-25 MEQ/L-3 MEQ/L-3 MEQ/L-5 %, 20 MEQ/L-22 MEQ/L-23 MEQ/L-25 MEQ/L-3 MEQ/L-3 MMOLE/L-5 %	1	
ISOLYTE-P/DEXTROSE 5% SOLN	1	
ISOLYTE-S SOLN	1	
KCL 0.3%/D5W/NACL 0.9% SOLN	1	
<i>lactated ringer's soln 109 meq/l-130 meq/l-28 meq/l-3 meq/l-4 meq/l, 20 mg/100ml-30 mg/100ml-310 mg/100ml-600 mg/100ml</i>	1	
NORMOSOL-M IN D5W SOLN	1	
NORMOSOL-R SOLN	1	
<i>parenteral electrolytes conc</i>	1	
PLASMA-LYTE A SOLN	1	
PLASMA-LYTE-148 SOLN	1	
<i>potassium chloride in dextrose & sodium chloride soln</i>	1	

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Drug Name	Drug Tier	Requirements/ Limits
<i>potassium chloride in dextrose soln</i>	1	
<i>potassium chloride in nacl soln</i>	1	
POTASSIUM CHLORIDE/DEXTROSE/L ACTATED RINGERS SOLN 129 MEQ/L-130 MEQ/L-2.7 MEQ/L-24 MEQ/L-28 MEQ/L-5 %, 130 MEQ/L-149 MEQ/L-24 MEQ/L-28 MEQ/L-3 MEQ/L-5 %	1	
<i>ringer's soln</i>	1	
Magnesium		
<i>magnesium sulfate soln ij 50 %</i>	1	
Phosphate		
<i>potassium phosphates soln 224 mg/ml-236 mg/ml</i>	1	
Potassium		
K-TAB TBCR 10 MEQ (<i>Use potassium chloride</i>)	NF	
K-TAB TBCR 8 MEQ (<i>Use potassium chloride</i>)	1	
<i>potassium acetate soln</i>	1	
<i>potassium bicarb & chloride tbef</i>	1	
<i>potassium bicarbonate tbef</i>	1	
<i>potassium chloride cpcr or 10 meq, 8 meq</i>	1	
<i>potassium chloride microencapsulated crystals er tbcr</i>	1	
<i>potassium chloride pack or 20 meq</i>	1	PA
POTASSIUM CHLORIDE SOLN IV 10 MEQ/100ML, 10 MEQ/50ML	1	
<i>potassium chloride soln iv 2 meq/ml</i>	1	
<i>potassium chloride soln or 10 %</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
<i>potassium chloride tbcr or 10 meq, 8 meq</i>	1	
Sodium		
<i>sodium chloride soln ij 2.5 meq/ml</i>	1	
<i>sodium chloride soln iv 3 %, 5 %, 23.4 %, 4 meq/ml, 0.45 %, 0.9 %</i>	1	
MISCELLANEOUS THERAPEUTIC CLASSES		
Chelating Agents		
CUPRIMINE CAPS (<i>Use penicillamine</i>)	3	PA
DEPEN TITRATABS TABS (<i>Use penicillamine</i>)	3	QL(8 ea daily)
<i>penicillamine caps</i>	1	PA
<i>penicillamine tabs</i>	1	QL(8 ea daily)
SYPRINE CAPS (<i>Use trientine hcl</i>)	NF	PA; QL(8 ea daily); SP
<i>trientine hcl caps</i>	4	PA; QL(8 ea daily); SP
Immunomodulators		
REVLIMID CAPS 10 MG, 15 MG, 2.5 MG, 25 MG, 5 MG	6	PA; QL(1 ea daily); SP
REVLIMID CAPS 20 MG	6	
THALOMID CAPS	4	PA; QL(3 ea daily); SP
Immunosuppressive Agents		
ATGAM INJ	4	PA; SP
AZASAN TABS	3	
AZATHIOPRINE SOLR IJ 100 MG	1	
<i>azathioprine tabs or 50 mg</i>	1	
CELLCEPT CAPS 250 MG (<i>Use mycophenolate mofetil</i>)	NF	
CELLCEPT TABS 500 MG (<i>Use mycophenolate mofetil</i>)	NF	

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Drug Name	Drug Tier	Requirements/ Limits
<i>cyclosporine caps</i>	1	
<i>cyclosporine modified (for microemulsion) caps</i>	1	
<i>cyclosporine modified (for microemulsion) soln</i>	1	
<i>cyclosporine soln</i>	1	
<i>everolimus (immunosuppressant) tabs</i>	4	PA; QL(20 ea daily); SP
IMURAN TABS (Use <i>azathioprine</i>)	NF	
<i>mycophenolate mofetil caps 250 mg</i>	1	
<i>mycophenolate mofetil tabs 500 mg</i>	1	
<i>mycophenolate sodium tbec</i>	1	
MYFORTIC TBEC (Use <i>mycophenolate sodium</i>)	NF	
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 0.5 MG, 1 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	

Drug Name	Drug Tier	Requirements/ Limits
<i>sirolimus tabs 0.5 mg, 1 mg, 2 mg</i>	1	
<i>tacrolimus caps</i>	1	
THYMOGLOBULIN SOLR	4	PA; SP
ZORTRESS TABS 0.25 MG, 0.5 MG, 0.75 MG (Use <i>everolimus (immunosuppressant)</i>)	4	PA; QL(20 ea daily); SP
Irrigation Solutions		
<i>irrigation solutions, physiological soln</i>	1	
<i>lactated ringer's (irrigation) soln</i>	1	
<i>ringer's irrigation soln</i>	1	
<i>water for irrigation, sterile soln</i>	1	
Lymphatic Agents		
SYLVANT SOLR	6	PA
Potassium Removing Agents		
<i>sodium polystyrene sulfonate powd or</i>	1	
<i>sodium polystyrene sulfonate susp or 15 gm/60ml</i>	1	
MOUTH/THROAT/DENTAL AGENTS		
Anesthetics Topical Oral		
<i>lidocaine hcl (mouth-throat) soln 2 %</i>	1	QL(4 ml daily)
<i>lidocaine hcl (mouth-throat) soln 4 %</i>	1	
Anti-infectives - Throat		
<i>clotrimazole troc</i>	1	
<i>nystatin (mouth-throat) susp</i>	1	
Antiseptics - Mouth/Throat		
<i>chlorhexidine gluconate (mouth-throat) soln</i>	1	
DEBACTEROL SOLN	2	

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Drug Name	Drug Tier	Requirements/ Limits
PERIDEX SOLN (<i>Use chlorhexidine gluconate (mouth-throat)</i>)	NF	
Dental Products		
<i>stannous fluoride conc</i>	0	RX/OTC
Steroids - Mouth/Throat/Dental		
<i>triamcinolone acetonide (mouth) pste</i>	1	
Throat Products - Misc.		
<i>cevimeline hcl caps</i>	1	
EVOXAC CAPS (<i>Use cevimeline hcl</i>)	NF	
<i>pilocarpine hcl (oral) tabs</i>	1	
SALAGEN TABS (<i>Use pilocarpine hcl (oral)</i>)	NF	
MULTIVITAMINS		
Prenatal Vitamins		
CLASSIC PRENATAL TABS	2	QL(1 ea daily)
CVS PRENATAL TABS	2	QL(1 ea daily)
EQL PRENATAL FORMULA TABS	2	QL(1 ea daily)
GNP PRENATAL TABS	2	QL(1 ea daily)
GOODSENSE PRENATAL VITAMINS TABS	2	QL(1 ea daily)
HM PRENATAL TABS	2	QL(1 ea daily)
KP PRENATAL MULTIVITAMINS TABS	2	QL(1 ea daily)
M-NATAL PLUS TABS	2	QL(1 ea daily); RX/OTC
MULTI PRENATAL TABS	2	QL(1 ea daily)
NEONATAL COMPLETE TABS 0.2 MG-1.84 MG-10 MCG-10 MG-1000 MCG-12 MCG-120 MG-1200 MCG-2 MG-2 MG-20 MG-200 MG-25 MG-27 MG-3 MG-5 MG-9.2 MG	2	QL(1 ea daily); RX/OTC

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

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

Drug Name	Drug Tier	Requirements/ Limits
<i>metaxalone tabs 800 mg</i>	1	QL(4 ea daily)
<i>methocarbamol tabs or 500 mg, 750 mg</i>	1	
<i>orphenadrine citrate tb12 or 100 mg</i>	1	QL(2 ea daily)
ROBAXIN TABS OR 500 MG (<i>Use methocarbamol</i>)	NF	
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>	1	
<i>tizanidine hcl tabs</i>	1	
ZANAFLEX CAPS (<i>Use tizanidine hcl</i>)	NF	
ZANAFLEX TABS (<i>Use tizanidine hcl</i>)	NF	
Direct Muscle Relaxants		
DANTRIUM CAPS (<i>Use dantrolene sodium</i>)	NF	QL(4 ea daily)
<i>dantrolene sodium caps or 100 mg, 50 mg, 25 mg</i>	1	QL(4 ea daily)
NASAL AGENTS - SYSTEMIC AND TOPICAL - Drugs to treat the Nose or Sinus		
Nasal Antiallergy		
<i>azelastine hcl soln</i>	1	
<i>olopatadine hcl (nasal) soln</i>	1	
PATANASE SOLN (<i>Use olopatadine hcl (nasal)</i>)	NF	
Nasal Anticholinergics		
<i>ipratropium bromide (nasal) soln 0.03 %</i>	1	QL(1 ml daily)
<i>ipratropium bromide (nasal) soln 0.06 %</i>	1	
Nasal Steroids		
<i>budesonide (nasal) susp</i>	1	

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Drug Name	Drug Tier	Requirements/ Limits
FLONASE ALLERGY RELIEF CHILDRENS SUSP (<i>Use fluticasone propionate (nasal)</i>)	NF	Limit 2 inhalers per month; QL(32 ml per 30 days retail); RX/OTC
FLONASE ALLERGY RELIEF SUSP (<i>Use fluticasone propionate (nasal)</i>)	NF	Limit 2 inhalers per month; QL(32 ml per 30 days retail); RX/OTC
<i>flunisolide (nasal) soln</i>	1	1 rtl pack lmt per fill,
<i>fluticasone propionate (nasal) susp</i>	1	Limit 2 inhalers per month; QL(32 ml per 30 days retail); RX/OTC
<i>mometasone furoate (nasal) susp</i>	1	PA; QL(1.14 gm daily)
NASACORT ALLERGY 24HR AERO (<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>	1	
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
DYSPOORT SOLR	3	PA
XEOMIN SOLR	3	PA

Drug Name	Drug Tier	Requirements/ Limits
NUTRIENTS		
Proteins		
CLINIMIX 4.25%/DEXTROSE 10% SOLN	3	
CLINIMIX 4.25%/DEXTROSE 25% SOLN	3	
CLINIMIX 4.25%/DEXTROSE 5% SOLN	3	
CLINIMIX 5%/DEXTROSE 25% SOLN	3	
CLINIMIX E 5%/DEXTROSE 20% SOLN	3	
OPHTHALMIC AGENTS - Drugs to Treat the Eye		
Artificial Tears and Lubricants		
LACRISERT INST	3	
Beta-blockers - Ophthalmic		
BETAGAN SOLN (<i>Use levobunolol hcl</i>)	NF	
<i>betaxolol hcl (ophth) soln</i>	1	
<i>carteolol hcl (ophth) soln</i>	1	
COMBIGAN SOLN	2	
COSOPT SOLN (<i>Use dorzolamide hcl-timolol maleate</i>)	NF	
<i>dorzolamide hcl-timolol maleate soln 0.5 %-2 %, 20 mg/ml-5 mg/ml, 22.3 mg/ml-6.8 mg/ml</i>	1	
<i>levobunolol hcl soln</i>	1	
<i>metipranolol soln</i>	1	
<i>timolol maleate (ophth) solg 0.25 %, 0.5 %</i>	1	
<i>timolol maleate (ophth) soln 0.25 %, 0.5 %</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
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>	1	
Miotics		
ISOPTO CARPINE SOLN (<i>Use pilocarpine hcl</i>)	NF	
PHOSPHOLINE IODIDE SOLR	3	
<i>pilocarpine hcl soln</i>	1	
Ophthalmic Adrenergic Agents		
ALPHAGAN P SOLN 0.15 % (<i>Use brimonidine tartrate</i>)	NF	
<i>apraclonidine hcl soln</i>	1	
<i>brimonidine tartrate soln</i>	1	
IOPIDINE SOLN 0.5 % (<i>Use apraclonidine hcl</i>)	NF	
IOPIDINE SOLN 1 %	3	
SIMBRINZA SUSP	3	PA
Ophthalmic Anti-infectives		
AZASITE SOLN	3	
<i>bacitracin (ophthalmic) oint</i>	3	
BLEPH-10 SOLN (<i>Use sulfacetamide sodium (ophth)</i>)	NF	
CILOXAN SOLN (<i>Use ciprofloxacin hcl (ophth)</i>)	NF	
<i>ciprofloxacin hcl (ophth) soln</i>	1	
<i>erythromycin (ophth) oint</i>	1	
<i>gatifloxacin (ophth) soln</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
<i>gentamicin sulfate (ophth) oint</i>	1	
<i>gentamicin sulfate (ophth) soln</i>	1	
KLARITY-A SOLN	3	
<i>levofloxacin (ophth) soln</i>	1	
<i>moxifloxacin hcl (ophth) soln</i>	1	
NATACYN SUSP	2	
<i>neomycin-bacitracin zn-polymyxin oint</i>	1	
NEOSPORIN SOLN (<i>Use neomycin-polymyxin-gramicidin</i>)	NF	
OCUFLOX SOLN (<i>Use ofloxacin (ophth)</i>)	NF	
<i>ofloxacin (ophth) soln</i>	1	
<i>polymyxin b-trimethoprim soln</i>	1	
POLYTRIM SOLN (<i>Use polymyxin b-trimethoprim</i>)	NF	
<i>sulfacetamide sodium (ophth) soln</i>	1	
<i>tobramycin (ophth) soln</i>	1	
TOBREX SOLN (<i>Use tobramycin (ophth)</i>)	NF	
<i>trifluridine soln</i>	1	
VIGAMOX SOLN (<i>Use moxifloxacin hcl (ophth)</i>)	NF	
VIROPTIC SOLN (<i>Use trifluridine</i>)	NF	
ZIRGAN GEL	2	
ZYMAXID SOLN (<i>Use gatifloxacin (ophth)</i>)	NF	
Ophthalmic Immunomodulators		
RESTASIS EMUL	2	PA
RESTASIS MULTIDOSE EMUL	2	PA
Ophthalmic Local Anesthetics		

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Drug Name	Drug Tier	Requirements/ Limits
ALCAINE SOLN (<i>Use proparacaine hcl</i>)	NF	
<i>proparacaine hcl soln</i>	1	
Ophthalmic Nerve Growth Factors		
OXERVATE SOLN	4	PA
Ophthalmic Steroids		
ALREX SUSP	3	PA
<i>dexamethasone sodium phosphate (ophth) soln</i>	1	
DUREZOL EMUL	3	PA
<i>fluorometholone (ophth) susp</i>	1	
FML FORTE SUSP	3	PA
FML LIQUIFILM SUSP (<i>Use fluorometholone (ophth)</i>)	NF	
FML OINT	3	PA
LOTEMAX GEL	3	PA
LOTEMAX OINT	3	PA
LOTEMAX SUSP (<i>Use loteprednol etabonate</i>)	3	PA
<i>loteprednol etabonate susp</i>	1	PA
MAXIDEX SUSP	3	PA
MAXITROL OINT (<i>Use neomycin-polymyx-dexameth</i>)	NF	
MAXITROL SUSP (<i>Use neomycin-polymyx-dexameth</i>)	NF	
<i>neomycin-polymyx-dexameth oint</i>	1	
<i>neomycin-polymyx-dexameth susp</i>	1	
<i>neomycin-polymyxin-hc (ophth) susp</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
OMNIPRED SUSP (<i>Use prednisolone acetate (ophth)</i>)	NF	
PRED FORTE SUSP (<i>Use prednisolone acetate (ophth)</i>)	NF	
PRED MILD SUSP	3	PA
<i>prednisolone acetate (ophth) susp</i>	1	
PREDNISOLONE ACETATE P-F SUSP	1	
PREDNISOLONE SODIUM PHOSPHATE SOLN OP 1 %	3	
TOBRADEX SUSP (<i>Use tobramycin-dexamethasone</i>)	NF	
<i>tobramycin-dexamethasone susp</i>	1	
Ophthalmics - Misc.		
ACULAR LS SOLN (<i>Use ketorolac tromethamine (ophth)</i>)	NF	
ACULAR SOLN (<i>Use ketorolac tromethamine (ophth)</i>)	NF	
ALOCRIOL SOLN	3	PA
ALOMIDE SOLN	3	PA
<i>azelastine hcl (ophth) soln</i>	1	
BEPREVE SOLN	3	PA
<i>bromfenac sodium (ophth) soln</i>	1	
<i>cromolyn sodium (ophth) soln</i>	1	
CYSTARAN SOLN	2	PA; QL(2.143 ml daily)
<i>diclofenac sodium (ophth) soln</i>	1	
<i>dorzolamide hcl soln</i>	1	
ELESTAT SOLN (<i>Use epinastine hcl (ophth)</i>)	NF	

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Drug Name	Drug Tier	Requirements/ Limits
EMADINE SOLN	3	
<i>epinastine hcl (ophth) soln</i>	1	
<i>flurbiprofen sodium soln</i>	1	
ILEVRO SUSP	3	ST; QL(0.2 ml daily)
<i>ketorolac tromethamine (ophth) soln</i>	1	
<i>ketotifen fumarate (ophth) soln</i>	1	
LASTACRAFT SOLN	3	PA
NEVANAC SUSP	3	ST; QL(0.2 ml daily)
<i>olopatadine hcl soln</i>	1	RX/OTC
PATADAY SOLN (<i>Use olopatadine hcl</i>)	NF	RX/OTC
PATANOL 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>)	1	
ZERVIAE SOLN	3	PA
Prostaglandins - Ophthalmic		
<i>bimatoprost soln</i>	3	
<i>latanoprost soln</i>	1	
LUMIGAN SOLN	3	ST
TRAVATAN Z SOLN (<i>Use travoprost</i>)	2	
<i>travoprost soln</i>	1	
XALATAN SOLN (<i>Use latanoprost</i>)	NF	
ZIOPTAN SOLN	2	
OTIC AGENTS - Drugs to Treat the Ear		
Otic Agents - Miscellaneous		

Drug Name	Drug Tier	Requirements/ Limits
<i>acetic acid (otic) soln</i>	1	
Otic Anti-infectives		
CETRAXAL SOLN (<i>Use ciprofloxacin hcl (otic)</i>)	1	
<i>ciprofloxacin hcl (otic) soln</i>	1	
FLOXIN OTIC SOLN (<i>Use ofloxacin (otic)</i>)	NF	
<i>ofloxacin (otic) soln</i>	1	
Otic Combinations		
CIPRO HC SUSP	3	
CIPRODEX SUSP (<i>Use ciprofloxacin-dexamethasone</i>)	2	PA
<i>ciprofloxacin-dexamethasone susp</i>	1	PA
<i>ciprofloxacin-fluocinolone acetonide soln</i>	1	PA; QL(0.5 ea daily)
COLY-MYCIN S SUSP	3	
CORTISPORIN-TC SUSP	3	
<i>neomycin-polymyxin-hc (otic) soln</i>	1	
<i>neomycin-polymyxin-hc (otic) susp</i>	1	
OTOVEL SOLN (<i>Use ciprofloxacin-fluocinolone acetonide</i>)	3	PA; QL(0.5 ea daily)
Otic Steroids		
DERMOTIC OIL (<i>Use fluocinolone acetonide (otic)</i>)	NF	
<i>fluocinolone acetonide (otic) oil</i>	1	
<i>hydrocortisone w/acetic acid soln</i>	1	
PASSIVE IMMUNIZING AND TREATMENT AGENTS - Antibody Drugs to Treat Low Immune System		
Immune Serums		

Drug Name	Drug Tier	Requirements/ Limits
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		
HYQVIA KIT	4	PA
PENICILLINS - Drugs to Treat Bacterial Infections		
Aminopenicillins		
<i>amoxicillin caps</i>	1	
<i>amoxicillin chew</i>	1	
<i>amoxicillin susr</i>	1	
<i>amoxicillin tabs</i>	1	
<i>ampicillin caps</i>	1	
<i>ampicillin sodium solr ij 1 gm</i>	1	
<i>ampicillin sodium solr iv 10 gm</i>	1	
Natural Penicillins		
PENICILLIN G POTASSIUM IN ISO-OSMOTIC DEXTROSE SOLN 40000 UNIT/ML, 60000 UNIT/ML	1	
<i>penicillin g potassium solr 5000000 unit</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
PENICILLIN G PROCAINE SUSP	3	
<i>penicillin g sodium solr</i>	3	
<i>penicillin v potassium solr</i>	1	
<i>penicillin v potassium tabs</i>	1	
Penicillin Combinations		
<i>amoxicillin & pot clavulanate chew</i>	1	
<i>amoxicillin & pot clavulanate susr</i>	1	
<i>amoxicillin & pot clavulanate tabs</i>	1	
<i>amoxicillin & pot clavulanate tb12</i>	1	
<i>ampicillin & sulbactam sodium solr ij 0.5 gm-1 gm, 1 gm-2 gm</i>	1	
<i>ampicillin & sulbactam sodium solr iv 10 gm-5 gm</i>	1	
AUGMENTIN ES-600 SUSR (Use amoxicillin & pot clavulanate)	NF	
AUGMENTIN SUSR 250 MG/5ML-62.5 MG/5ML (Use amoxicillin & pot clavulanate)	NF	
AUGMENTIN TABS 125 MG-875 MG, 125 MG-500 MG (Use amoxicillin & pot clavulanate)	NF	
AUGMENTIN XR TB12 (Use amoxicillin & pot clavulanate)	NF	
<i>piperacillin sodium-tazobactam sodium solr</i>	1	
UNASYN BULK PACK SOLR (Use ampicillin & sulbactam sodium)	NF	
UNASYN SOLR (Use ampicillin & sulbactam sodium)	NF	

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Drug Name	Drug Tier	Requirements/ Limits
ZOSYN SOLR 0.25 GM-2 GM, 0.375 GM-3 GM, 0.5 GM-4 GM, 36 GM-4.5 GM (Use piperacillin sodium-tazobactam sodium)	NF	
Penicillinase-Resistant Penicillins		
dicloxacillin sodium caps	1	
nafcillin sodium solr ij 1 gm	1	
oxacillin sodium solr ij 1 gm	1	
oxacillin sodium solr iv 10 gm	1	
PROGESTINS - Hormone Replacement/Modifying Drugs		
Progestins		
AYGESTIN TABS (Use norethindrone acetate)	0	
medroxyprogesterone acetate tabs	1	
MEGACE ES SUSP (Use megestrol acetate (appetite))	NF	PA
megestrol acetate (appetite) susp	1	PA
norethindrone acetate tabs	0	
progesterone micronized caps	1	
PROMETRIUM CAPS (Use progesterone micronized)	NF	
PROVERA TABS (Use medroxyprogesterone acetate)	NF	
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. - Drugs to Treat Mental and Emotional Conditions		
Agents for Chemical Dependency		
acamprosate calcium tbec	1	
ANTABUSE TABS (Use disulfiram)	NF	
disulfiram tabs	1	

Drug Name	Drug Tier	Requirements/ Limits
LUCEMYRA TABS	3	PA; QL(224 ea per 14 days retail)
Anti-Cataplectic Agents		
XYREM SOLN	4	PA; QL(18 ml daily); SP
Antidementia Agents		
ARICEPT TABS 10 MG (Use donepezil hydrochloride)	NF	QL(2 ea daily)
ARICEPT TABS 5 MG (Use donepezil hydrochloride)	NF	QL(1 ea daily)
donepezil hydrochloride tabs 10 mg	1	QL(2 ea daily)
donepezil hydrochloride tabs 5 mg	1	QL(1 ea daily)
donepezil hydrochloride tbdp 10 mg	1	QL(2 ea daily)
donepezil hydrochloride tbdp 5 mg	1	QL(1 ea daily)
galantamine hydrobromide cp24 16 mg, 24 mg, 8 mg	1	QL(1 ea daily)
galantamine hydrobromide soln 4 mg/ml	1	QL(6 ml daily)
galantamine hydrobromide tabs 12 mg, 4 mg, 8 mg	1	QL(2 ea daily)
memantine hcl tabs	1	
memantine hcl tabs 10 mg	1	QL(2 ea daily)
memantine hcl tabs 5 mg	1	QL(1 ea daily)
NAMENDA TABS 10 MG (Use memantine hcl)	NF	QL(2 ea daily)
NAMENDA TABS 5 MG (Use memantine hcl)	NF	QL(1 ea daily)
NAMENDA TITRATION PAK TABS (Use memantine hcl)	NF	
RAZADYNE ER CP24 (Use galantamine hydrobromide)	NF	QL(1 ea daily)
RAZADYNE TABS (Use galantamine hydrobromide)	NF	QL(2 ea daily)
rivastigmine tartrate caps	1	

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Drug Name	Drug Tier	Requirements/ Limits
Combination Psychotherapeutics		
<i>perphenazine-amitriptyline tabs</i>	1	QL(4 ea daily)
Fibromyalgia Agents		
SAVELLA TABS	2	PA; QL(2 ea daily)
SAVELLA TITRATION PACK MISC	2	PA
Movement Disorder Drug Therapy		
AUSTEDO TABS	4	PA; QL(4 ea daily)
<i>tetrabenazine tabs</i>	4	PA; QL(3 ea daily); SP
XENAZINE TABS (<i>Use tetrabenazine</i>)	NF	PA; QL(3 ea daily); SP
Multiple Sclerosis Agents		
AMPYRA TB12 (<i>Use dalfampridine</i>)	NF	PA; QL(2 ea daily); SP
AUBAGIO TABS	4	PA
AVONEX PEN AJKT	4	PA; QL(0.0714 ea daily); SP
AVONEX PSKT	4	PA; QL(0.0714 ml daily); SP
BETASERON KIT	4	PA; QL(0.0357 ea daily); SP
COPAXONE SOSY 20 MG/ML (<i>Use glatiramer acetate</i>)	NF	PA; QL(1 ml daily); SP; MP
COPAXONE SOSY 40 MG/ML (<i>Use glatiramer acetate</i>)	NF	PA; QL(0.429 ml daily); SP
<i>dalfampridine tb12</i>	4	PA; QL(2 ea daily); SP
<i>dimethyl fumarate cpdr</i>	4	PA
<i>dimethyl fumarate misc</i>	4	PA
EXTAVIA KIT	4	PA; QL(0.0357 ea daily); SP
GILENYA CAPS 0.25 MG	4	PA; 30 rti lmt day(s), 30 mail lmt day(s),
GILENYA CAPS 0.5 MG	4	PA; SP

Drug Name	Drug Tier	Requirements/ Limits
<i>glatiramer acetate sosy 20 mg/ml</i>	3	PA; QL(1 ml daily); SP; MP
<i>glatiramer acetate sosy 40 mg/ml</i>	3	PA; QL(0.429 ml daily); SP
MAVENCLAD TBPK	4	PA
MAYZENT STARTER PACK TBPK	4	PA
MAYZENT TABS	4	PA
OCREVUS SOLN	4	PA
PLEGRIDY SOPN	4	PA; QL(0.0357 ml daily)
PLEGRIDY SOSY	4	PA
PLEGRIDY STARTER PACK SOPN	4	PA
PLEGRIDY STARTER PACK SOSY	4	PA; QL(0.0357 ml daily)
REBIF REBIDOSE SOAJ	4	PA; QL(0.214 ml daily); SP
REBIF REBIDOSE TITRATIONPACK SOAJ	4	PA; SP
REBIF SOSY	4	PA; QL(0.214 ml daily); SP
REBIF TITRATION PACK SOSY	4	PA; SP
TECFIDERA CPDR (<i>Use dimethyl fumarate</i>)	4	PA
TECFIDERA STARTER PACK MISC (<i>Use dimethyl fumarate</i>)	4	PA
TYSABRI CONC	4	PA; QL(0.536 ml daily); SP
Postherpetic Neuralgia (PHN)/Neuropathic Pain		
LYRICA CR TB24 165 MG, 82.5 MG	3	PA; QL(1 ea daily)
LYRICA CR TB24 330 MG	3	PA; QL(2 ea daily)
Premenstrual Dysphoric Disorder (PMDD) Agents		
<i>fluoxetine hcl (pmdd) caps 10 mg</i>	1	QL(1 ea daily)
<i>fluoxetine hcl (pmdd) caps 20 mg</i>	1	QL(3 ea daily)
Pseudobulbar Affect (PBA) Agents		

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Drug Name	Drug Tier	Requirements/ Limits
NUEDEXTA CAPS	3	PA
Psychotherapeutic and Neurological Agents -		
<i>ergoloid mesylates tabs</i>	1	
ORAP TABS (<i>Use pimozide</i>)	NF	
<i>pimozide tabs</i>	1	
Restless Leg Syndrome (RLS) Agents		
HORIZANT TBCR	3	PA; QL(2 ea daily)
Smoking Deterrents		
<i>bupropion hcl (smoking deterrent) tb12</i>	0	QL(2 ea daily)
CHANTIX CONTINUING MONTHPAK TABS	0	QL(2 ea daily)
CHANTIX STARTING MONTH PAK TABS	0	
CHANTIX TABS	0	QL(2 ea daily)
NICODERM CQ PT24 (<i>Use nicotine</i>)	0	QL(1 ea daily)
NICORETTE GUM (<i>Use nicotine polacrilex</i>)	0	
NICORETTE LOZG (<i>Use nicotine polacrilex</i>)	0	
NICORETTE MINI LOZG (<i>Use nicotine polacrilex</i>)	0	
NICORETTE STARTER KIT GUM (<i>Use nicotine polacrilex</i>)	0	
<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	

Drug Name	Drug Tier	Requirements/ Limits
ZYBAN TB12 (<i>Use bupropion hcl (smoking deterrent)</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, 400 MG	4	PA; SP
ARALAST NP SOLR 500 MG	4	PA
PROLASTIN-C SOLN 1000 MG/20ML	4	PA;
PROLASTIN-C SOLR 1000 MG	4	PA; SP
ZEMAIRA SOLR	4	PA; SP
Cystic Fibrosis Agents		
KALYDECO TABS 150 MG	4	PA; QL(2 ea daily); SP
ORKAMBI PACK 100 MG-125 MG, 150 MG-188 MG	4	PA; QL(2 ea daily)
ORKAMBI TABS 100 MG-125 MG, 125 MG-200 MG	4	PA; QL(4 ea daily)
PULMOZYME SOLN	4	PA; QL(2.5 ml daily); SP
TRIKAFTA TBPK	4	PA; QL(3 ea daily)
Pleural Sclerosing Agents		
SCLEROSOL INTRAPLEURAL AERP	6	PA
STERILE TALC POWDER SUSR	6	PA
Pulmonary Fibrosis Agents		
OFEV CAPS	4	PA; QL(2 ea daily)
SULFONAMIDES - Drugs to Treat Bacterial Infections		
Sulfonamides		
SULFADIAZINE TABS	1	

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Drug Name	Drug Tier	Requirements/ Limits
TETRACYCLINES - Drugs to Treat Bacterial Infections		
Glycylcyclines		
<i>tigecycline solr</i>	1	
TIGECYCLINE SOLR	3	
TYGACIL SOLR (<i>Use tigecycline</i>)	3	
Tetracyclines		
<i>demeclocycline hcl tabs</i>	1	
<i>doxycycline (monohydrate) caps 100 mg, 50 mg</i>	1	QL(2 ea daily)
<i>doxycycline (monohydrate) caps 75 mg</i>	1	
<i>doxycycline (monohydrate) tabs 100 mg</i>	1	QL(2 ea daily)
<i>doxycycline (monohydrate) tabs 50 mg</i>	1	
<i>doxycycline hyclate caps or 50 mg, 100 mg</i>	1	QL(2 ea daily)
<i>doxycycline hyclate solr iv 100 mg</i>	1	
<i>doxycycline hyclate tabs or 100 mg, 20 mg</i>	1	QL(2 ea daily)
MINOCIN CAPS OR 50 MG (<i>Use minocycline hcl</i>)	NF	QL(3 ea daily)
<i>minocycline hcl caps 50 mg, 75 mg, 100 mg</i>	1	QL(3 ea daily)
<i>minocycline hcl tabs 100 mg, 50 mg, 75 mg</i>	1	QL(3 ea daily)
TARGADOX TABS (<i>Use doxycycline hyclate</i>)	NF	
<i>tetracycline hcl caps</i>	1	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		

Drug Name	Drug Tier	Requirements/ Limits
<i>methimazole tabs</i>	1	
<i>propylthiouracil tabs</i>	1	
TAPAZOLE TABS (<i>Use methimazole</i>)	NF	
Thyroid Hormones		
ARMOUR THYROID TABS 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>	1	
<i>liothyronine sodium soln</i>	1	
<i>liothyronine sodium tabs</i>	1	
NATURE-THROID NT-2.5 TABS	2	
NATURE-THROID TABS	2	
SYNTHROID TABS (<i>Use levothyroxine sodium</i>)	2	
<i>thyroid tabs</i>	1	QL(1 ea daily)
TRIOSTAT SOLN (<i>Use liothyronine sodium</i>)	NF	
WESTHROID TABS	2	
WP THYROID TABS	2	
TOXOIDS		
Toxoid Combinations		
ADACEL SUSP	0	
BOOSTRIX SUSP	0	

Drug Name	Drug Tier	Requirements/Limits
ULCER DRUGS - Drugs to Treat Bowel, Intestine and Stomach Conditions		
Antispasmodics		
<i>atropine sulfate soln ij 0.4 mg/ml, 1 mg/ml</i>	1	
<i>atropine sulfate sosy ij 0.25 mg/5ml</i>	1	
<i>chlordiazepoxide hcl-clidinium bromide caps</i>	1	
<i>dicyclomine hcl caps or 10 mg</i>	1	
<i>dicyclomine hcl soln or 10 mg/5ml</i>	1	
<i>dicyclomine hcl tabs or 20 mg</i>	1	
<i>glycopyrrolate soln ij 4 mg/20ml</i>	1	
<i>glycopyrrolate tabs or 1 mg, 2 mg</i>	1	
LIBRAX CAPS (Use <i>chlordiazepoxide hcl-clidinium bromide</i>)	NF	
<i>methscopolamine bromide tabs</i>	1	
H-2 Antagonists		
<i>cimetidine hcl soln</i>	1	QL(20 ml daily)
<i>cimetidine tabs 200 mg</i>	1	RX/OTC
<i>cimetidine tabs 300 mg, 400 mg, 800 mg</i>	1	
<i>famotidine in nacl soln</i>	1	
<i>famotidine soln iv 20 mg/2ml, 200 mg/20ml, 40 mg/4ml</i>	1	
<i>famotidine susr or 40 mg/5ml</i>	1	QL(10 ml daily)
<i>famotidine tabs or 20 mg</i>	1	RX/OTC
<i>famotidine tabs or 40 mg</i>	1	
NIZATIDINE CAPS 150 MG	1	
<i>nizatidine caps 150 mg, 300 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>nizatidine soln 15 mg/ml</i>	1	QL(20 ml daily)
PEPCID AC MAXIMUM STRENGTH TABS (Use <i>famotidine</i>)	NF	RX/OTC
PEPCID SUSR 40 MG/5ML (Use <i>famotidine</i>)	NF	QL(10 ml daily)
PEPCID TABS 20 MG (Use <i>famotidine</i>)	NF	RX/OTC
PEPCID TABS 40 MG (Use <i>famotidine</i>)	NF	
<i>ranitidine hcl caps or 150 mg, 300 mg</i>	1	
<i>ranitidine hcl soln ij 150 mg/6ml</i>	1	
<i>ranitidine hcl syrp or 15 mg/ml, 150 mg/10ml, 75 mg/5ml</i>	1	QL(40 ml daily)
<i>ranitidine hcl tabs or 150 mg</i>	1	RX/OTC
<i>ranitidine hcl tabs or 300 mg</i>	1	
TAGAMET HB TABS (Use <i>cimetidine</i>)	NF	RX/OTC
ZANTAC 150 MAXIMUM STRENGTH TABS (Use <i>ranitidine hcl</i>)	NF	RX/OTC
ZANTAC SOLN 25 MG/ML, 25 MG/ML (Use <i>ranitidine hcl</i>)	NF	
Misc. Anti-Ulcer		
CARAFATE SUSP 1 GM/10ML (Use <i>sucralfate</i>)	2	QL(40 ml daily)
CARAFATE TABS 1 GM (Use <i>sucralfate</i>)	NF	QL(4 ea daily)
<i>sucralfate susp 1 gm/10ml</i>	1	QL(40 ml daily)
<i>sucralfate tabs 1 gm</i>	1	QL(4 ea daily)
Proton Pump Inhibitors		
ACIPHEX TBEC (Use <i>rabeprazole sodium</i>)	NF	QL(1 ea daily)
DEXILANT CPDR	3	PA; QL(1 ea daily)
<i>esomeprazole magnesium cpdr 20 mg</i>	1	QL(2 ea daily); RX/OTC

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Drug Name	Drug Tier	Requirements/ Limits
<i>esomeprazole magnesium cpdr 40 mg</i>	3	QL(1 ea daily)
<i>lansoprazole cpdr 15 mg</i>	1	QL(2 ea daily); RX/OTC; MP
<i>lansoprazole cpdr 30 mg</i>	1	
NEXIUM 24HR TBEC	1	QL(2 ea daily)
NEXIUM CPDR 20 MG (Use <i>esomeprazole magnesium</i>)	NF	QL(2 ea daily); RX/OTC
NEXIUM CPDR 40 MG (Use <i>esomeprazole magnesium</i>)	NF	QL(1 ea daily)
<i>omeprazole cpdr 10 mg, 40 mg</i>	1	QL(2 ea daily)
<i>omeprazole cpdr 20 mg</i>	1	QL(2 ea daily); RX/OTC
<i>omeprazole magnesium cpdr</i>	1	QL(4 ea daily)
<i>omeprazole magnesium tbec</i>	1	QL(4 ea daily)
<i>omeprazole tbec 20 mg</i>	1	QL(2 ea daily)
<i>pantoprazole sodium tbec or 20 mg</i>	1	QL(1 ea daily)
<i>pantoprazole sodium tbec or 40 mg</i>	1	
PREVACID 24HR CPDR (Use <i>lansoprazole</i>)	NF	QL(2 ea daily); RX/OTC; MP
PREVACID CPDR 15 MG (Use <i>lansoprazole</i>)	NF	QL(2 ea daily); RX/OTC; MP
PREVACID CPDR 30 MG (Use <i>lansoprazole</i>)	NF	
PRILOSEC OTC TBEC (Use <i>omeprazole magnesium</i>)	1	QL(4 ea daily)
PROTONIX TBEC OR 20 MG (Use <i>pantoprazole sodium</i>)	NF	QL(1 ea daily)
PROTONIX TBEC OR 40 MG (Use <i>pantoprazole sodium</i>)	NF	
<i>rabeprazole sodium tbec</i>	1	QL(1 ea daily)
Ulcer Drugs - Prostaglandins		

Drug Name	Drug Tier	Requirements/ Limits
CYTOTEC TABS (Use <i>misoprostol</i>)	NF	QL(4 ea daily)
<i>misoprostol tabs</i>	1	QL(4 ea daily)
Ulcer Therapy Combinations		
<i>omeprazole-sodium bicarbonate caps 1100 mg-20 mg</i>	1	QL(1 ea daily); RX/OTC
ZEGERID CAPS 1100 MG-20 MG (Use <i>omeprazole-sodium bicarbonate</i>)	NF	RX/OTC
URINARY ANTI-INFECTIVES - Drugs to Treat Bladder/Kidney Infections		
Urinary Anti-infectives		
<i>nitrofurantoin monohydr macro caps</i>	1	
URINARY ANTISPASMODICS - Drugs to Treat Miscellaneous Bladder Spasms		
Urinary Antispasmodic - Antimuscarinics		
<i>darifenacin hydrobromide tb24</i>	1	QL(1 ea daily)
DETROL LA CP24 (Use <i>tolterodine tartrate</i>)	NF	QL(1 ea daily)
DETROL TABS (Use <i>tolterodine tartrate</i>)	NF	
DITROPAN XL TB24 (Use <i>oxybutynin chloride</i>)	NF	
ENABLEX TB24 (Use <i>darifenacin hydrobromide</i>)	NF	QL(1 ea daily)
<i>oxybutynin chloride syrp</i>	1	
<i>oxybutynin chloride tabs</i>	1	
<i>oxybutynin chloride tb24</i>	1	
<i>solifenacin succinate tabs</i>	1	PA; QL(1 ea daily)
<i>tolterodine tartrate cp24 2 mg, 4 mg</i>	1	QL(1 ea daily)
<i>tolterodine tartrate tabs 1 mg, 2 mg</i>	1	
TOVIAZ TB24	3	PA; QL(1 ea daily)
<i>trospium chloride cp24 60 mg</i>	1	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
<i>tropium chloride tabs 20 mg</i>	1	
VESICARE TABS (<i>Use solifenacin succinate</i>)	3	PA; QL(1 ea daily)
Urinary Antispasmodics - Beta-3 Adrenergic		
MYRBETRIQ TB24	3	PA
Urinary Antispasmodics - Cholinergic Agonists		
<i>bethanechol chloride tabs 10 mg, 5 mg, 50 mg</i>	1	QL(4 ea daily)
<i>bethanechol chloride tabs 25 mg</i>	1	
URECHOLINE TABS 10 MG, 5 MG, 50 MG (<i>Use bethanechol chloride</i>)	NF	QL(4 ea daily)
URECHOLINE TABS 25 MG (<i>Use bethanechol chloride</i>)	NF	
Urinary Antispasmodics - Direct Muscle Relaxants		
<i>flavoxate hcl tabs</i>	1	
VACCINES		
Bacterial Vaccines		
BCG VACCINE INJ	6	PA
MENACTRA INJ	0	
MENQUADFI INJ	0	
MENVEO SOLR	0	
PNEUMOVAX 23 INJ	0	
PNEUMOVAX 23/1 DOSE INJ	0	
PREVNAR 13 SUSP	0	
Viral Vaccines		
AFLURIA 2018-2019 SUSP	0	Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply,

Drug Name	Drug Tier	Requirements/ Limits
AFLURIA PF 2018-2019 SUSY	0	Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply,
AFLURIA QUADRIVALENT 2018-2019 SUSP	0	Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply,
AFLURIA QUADRIVALENT 2018-2019 SUSY	0	Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply,
AFLURIA QUADRIVALENT 2019-2020 SUSP	0	Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply,
AFLURIA QUADRIVALENT 2019-2020 SUSY	0	Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply,
AFLURIA QUADRIVALENT 2020-2021 SUSP	0	Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply,
AFLURIA QUADRIVALENT 2020-2021 SUSY	0	Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply,
ENGERIX-B INJ	0	1 rtl MAX fill,365 rtl day(s) supply,
ENGERIX-B SUSP	0	1 rtl MAX fill,365 rtl day(s) supply,
FLUAD 2018-2019 SUSY	0	Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply,
FLUAD 2019-2020 SUSY	0	Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply,
FLUAD 2020-2021 SUSY	0	Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply,

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 2018-2019 SUSY	0	Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply,
FLUARIX QUADRIVALENT 2019-2020 SUSY	0	Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply,
FLUARIX QUADRIVALENT 2020-2021 SUSY	0	Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply,
FLUBLOK QUADRIVALENT 2018-2019 SOSY	0	Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply,
FLUBLOK QUADRIVALENT 2019-2020 SOSY	0	Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply,
FLUBLOK QUADRIVALENT 2020-2021 SOSY	0	Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply,
FLUCELVAX QUADRIVALENT 2018-2019 SUSP	0	Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply,
FLUCELVAX QUADRIVALENT 2018-2019 SUSY	0	Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply,
FLUCELVAX QUADRIVALENT 2019-2020 SUSP	0	Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply,
FLUCELVAX QUADRIVALENT 2019-2020 SUSY	0	Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply,
FLUCELVAX QUADRIVALENT 2020-2021 SUSP	0	Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply,

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

Drug Name	Drug Tier	Requirements/ Limits
FLUZONE QUADRIVALENT 2019-2020 SUSP	0	Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply,
FLUZONE QUADRIVALENT 2019-2020 SUSY	0	Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply,
FLUZONE QUADRIVALENT 2020-2021 SUSP	0	Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply,
FLUZONE QUADRIVALENT 2020-2021 SUSY	0	Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply,
GARDASIL 9 SUSP	0	1 rtl MAX fill,365 rtl day(s) supply,
GARDASIL 9 SUSY	0	1 rtl MAX fill,365 rtl day(s) supply,
HAVRIX SUSP	0	1 rtl MAX fill,365 rtl day(s) supply,
HEPLISAV-B SOLN	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	AL(At least 50 yrs old)

Drug Name	Drug Tier	Requirements/ Limits
TWINRIX SUSP	0	1 rtl MAX fill,365 rtl day(s) supply,
TWINRIX SUSY	0	1 rtl MAX fill,365 rtl day(s) supply,
VAQTA SUSP	0	1 rtl MAX fill,365 rtl day(s) supply,
VARIVAX INJ	0	1 rtl MAX fill,365 rtl day(s) supply,
ZOSTAVAX SUSR	0	AL(At least 50 yrs old)
VAGINAL AND RELATED PRODUCTS		
Miscellaneous Vaginal Products		
INTRAROSA INST	3	PA
Spermicides		
SHUR-SEAL GEL	0	
TODAY SPONGE MISC	0	
Vaginal Anti-infectives		
CLEOCIN CREA VA 2 % (Use <i>clindamycin phosphate vaginal</i>)	NF	
<i>clindamycin phosphate vaginal crea</i>	1	
<i>clotrimazole vaginal crea</i>	1	
GYNAZOLE-1 CREA	3	
GYNE-LOTTRIMIN CREA (Use <i>clotrimazole vaginal</i>)	NF	
METROGEL-VAGINAL GEL (Use <i>metronidazole vaginal</i>)	NF	
<i>metronidazole vaginal gel</i>	1	
<i>miconazole nitrate vaginal supp</i>	1	
<i>terconazole vaginal crea</i>	1	
<i>terconazole vaginal supp</i>	1	

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Drug Name	Drug Tier	Requirements/ Limits
Vaginal Estrogens		
ESTRACE CREA (Use estradiol vaginal)	NF	
estradiol vaginal crea	1	
estradiol vaginal tabs	1	
FEMRING RING	3	
PREMARIN CREA	2	
VAGIFEM TABS (Use estradiol vaginal)	NF	
VASOPRESSORS - Drugs to Treat Heart and Circulation Conditions		
Anaphylaxis Therapy Agents		
epinephrine (anaphylaxis) soaj 0.15 mg/0.3ml	1	QL(2 ea per fill retail,2 ea per fill mail)2 rtl MAX fill,365 rtl day(s) supply,2 mail MAX fill,365 mail day(s) supply,
epinephrine (anaphylaxis) soaj 0.3 mg/0.3ml	2	QL(2 ea per fill retail)2 rtl MAX fill,365 rtl 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,
Vasopressors		
midodrine hcl tabs	1	
VITAMINS		
Oil Soluble Vitamins		
cholecalciferol caps 1.25 mg, 50000 unit	1	

Drug Name	Drug Tier	Requirements/ Limits
cholecalciferol tabs 400 unit	0	
DRISDOL CAPS (Use ergocalciferol)	0	
ergocalciferol caps or 1.25 mg, 50000 unit	0	
ergocalciferol soln or 8000 unit/ml	1	
VITAMIN D2 TABS	0	AL(At least 65 yrs old)
Water Soluble Vitamins		
niacin cpcr or 500 mg, 250 mg	1	
niacin tabs or 50 mg, 250 mg, 100 mg, 500 mg	1	
niacin tbcrr or 750 mg, 250 mg, 500 mg	1	
NIACIN TR TBCR	1	
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BD INSULIN SYRINGE MICROFINE IV/U-100/1ML/28G X 1/2".....	97	BD INSULIN SYRINGE ULTRAFINE/U-100/1ML/30G X 1/2".....	98	BD SAFETYGLIDE INSULIN SYRINGE/0.3ML/29G X 1/2" 98	
BD INSULIN SYRINGE MICROFINE/U-100/0.5ML/28G X 1/2".....	97	BD INSULIN SYRINGE/0.3ML/29G X 12.7MM.....	98	BD SAFETYGLIDE INSULIN SYRINGE/1ML/31G X 15/64".....	98
BD INSULIN SYRINGE MICROFINE/U-100/1ML/27G X 5/8".....	97	BD INSULIN SYRINGE/0.5ML/29G X 12.7MM.....	98	BD SAFETYGLIDE INSULIN SYRINGE/0.5ML/30G X 5/16".....	98
BD INSULIN SYRINGE MICROFINE/U-100/1ML/28G X 1/2".....	97	BD INSULIN SYRINGE/1ML/27G X 12.7MM.....	98	BD VEO INSULIN SYRINGE ULTRA-FINE/1ML/31G X 6MM.....	98
BD INSULIN SYRINGE SAFETYGLIDE/1ML/29G X 1/2".....	97	BD INSULIN SYRINGE/1ML/29G X 12.7MM.....	98	BD VEO INSULIN SYRINGE ULTRA-FINE/U-100/1ML/31G X 15/64".....	98
BD INSULIN SYRINGE SLIP TIP/U-100/1ML.....	97	BD INSULIN SYRINGE/DETACHABLE NEEDLE/U-100/1ML/25G X 1".....	98	BELEODAQ.....	41
BD INSULIN SYRINGE ULTRA- FINE/0.3ML/30G X 12.7MM.....	97	BD INSULIN SYRINGE/DETACHABLE NEEDLE/U-100/1ML/25G X 5/8".....	98	BELRAPZO.....	36
BD INSULIN SYRINGE ULTRA- FINE/0.3ML/31G X 8MM.....	97	BD INSULIN SYRINGE/DETACHABLE NEEDLE/U-100/1ML/26G X 1/2".....	98	BELSOMRA.....	80
BD INSULIN SYRINGE ULTRA- FINE/0.5ML/30G X 12.7MM.....	97	BD INSULIN SYRINGE/U- 100/1ML/27G X 1/2".....	98	BELVIQ.....	2
BD INSULIN SYRINGE ULTRA- FINE/0.5ML/31G X 8MM.....	97	BD LANCET ULTRAFINE 30G.....	84	benazepril & hydrochlorothiazide.....	33
BD INSULIN SYRINGE ULTRA- FINE/1/2 UNIT/0.3ML/31G X 8MM.....	97	BD LANCET ULTRAFINE 33G.....	84	benazepril hcl.....	31
BD INSULIN SYRINGE ULTRA- FINE/1ML/30G X 12.7MM.....	97	BD MICROTAINER LANCETS.....	84	BENDAMUSTINE HYDROCHLORIDE.....	36
BD INSULIN SYRINGE ULTRA- FINE/1ML/31G X 8MM.....	97	BD PEN NEEDLE/MICRO/ULTRA- FINE/32G X 6MM.....	98	BENDEKA.....	36
BD INSULIN SYRINGE ULTRAFINE HALF- UNIT/0.3ML/31G X 5/16".....	97	BD PEN NEEDLE/MINI/ULTRA- FINE/31G X 5MM.....	98	BENICAR.....	32
BD INSULIN SYRINGE ULTRAFINE/0.3ML/30G X 1/2".....	97	BD PEN NEEDLE/NANO 2ND GEN/32G X 5/32".....	98	BENICAR HCT.....	33
BD INSULIN SYRINGE ULTRAFINE/0.3ML/31G X 5/16".....	97			BENZACLIN.....	60
BD INSULIN SYRINGE ULTRAFINE/0.5ML/30G X 1/2".....	97			BENZACLIN WITH PUMP.....	60
				BENZAMYCIN.....	61
				BENZEFOAM.....	61
				BENZEFOAM ULTRA.....	61
				benzonatate.....	60
				benzoyl peroxide.....	61
				BENZOYL PEROXIDE CLEANSER.....	61
				benzoyl peroxide- erythromycin.....	61

benztropine mesylate.....	45	BROVANA.....	15	CALAN SR.....	54
BEPREVE.....	136	BRUKINSA.....	41	calcipotriene.....	64
BESPONSA.....	38	budesonide.....	58	calcipotriene-betamethasone	
BETAGAN.....	134	budesonide (inhalation)...	15	dipropionate.....	66
betamethasone dipropionate		budesonide (nasal).....	133	calcitonin (salmon).....	71
(topical).....	65	budesonide-formoterol		calcitriol.....	72
betamethasone dipropionate		fumarate dihydrate.....	15	calcitriol (topical).....	65
augmented.....	66	BULLSEYE MINI SAFETY		calcium acetate (phosphate	
betamethasone valerate.....	66	LANCETS.....	84	binder).....	76
BETAPACE.....	53	BULLSEYE SAFETY		calcium chloride (dihydrate)	129
BETAPACE AF.....	53	LANCETS.....	84	CALCIUM GLUCONATE.....	129
BETASERON.....	140	bumetanide.....	70	calcium gluconate.....	129
betaxolol hcl.....	53	BUMEX.....	70	calcium polycarbophil.....	80
betaxolol hcl (ophth).....	134	BUNAVAIL.....	9	CALQUENCE.....	41
bethanechol chloride.....	145	BUPHENYL.....	72	CAMPATH.....	38
BEVESPI AEROSPHERE... 15		BUPRENEX.....	9	CAMPTOSAR.....	45
BEVYXXA.....	16	buprenorphine.....	9	CANASA.....	75
bexarotene.....	43	buprenorphine hcl.....	9	CANCIDAS.....	28
BEYAZ.....	57	buprenorphine hcl-naloxone hcl		candesartan cilexetil.....	32
bicalutamide.....	39	dihydrate.....	9	candesartan cilexetil-	
BICNU.....	36	bupropion hcl.....	21	hydrochlorothiazide.....	33
BIDIL.....	55	bupropion hcl (smoking		CAPASTAT SULFATE.....	35
BIKTARVY.....	49	deterrent).....	141	capecitabine.....	37
BILTRICIDE.....	10	buspirone hcl.....	13	CAPRELSA.....	41
bimatoprost.....	137	busulfan.....	36	captopril.....	31
bisacodyl.....	80	BUSULFEX.....	36	CARAC.....	64
bisoprolol &		butalbital-acetaminophen... 6		CARAFATE.....	143
hydrochlorothiazide.....	33	butalbital-acetaminophen-		CARBAGLU.....	72
bisoprolol fumarate.....	53	caffeine.....	6	carbamazepine.....	18
BLENREP.....	38	butalbital-acetaminophen-		CARBATROL.....	18
bleomycin sulfate.....	40	caffeine w/ codeine.....	8	carbidopa.....	45
BLEPH-10.....	135	butalbital-aspirin-caffeine... 6		carbidopa-levodopa.....	46
BLINCYTO.....	38	butalbital-aspirin-caffeine		carbidopa-levodopa-entacapone	
BONIVA.....	71	w/cod.....	8	.....	46
BONJESTA.....	28	BUTALBITAL/ACETAMINOPH		carbinoxamine maleate.....	29
BOOSTRIX.....	142	EN.....	6	carboplatin.....	36
BORTEZOMIB.....	41	butenafine hcl.....	62	CARDIOCOM LANCING	
bosentan.....	55	butorphanol tartrate.....	9	DEVICE.....	84
BOSULIF.....	41	BUTRANS.....	10	CARDIZEM.....	54
BOTOX.....	134	BYDUREON.....	25	CARDIZEM CD.....	54
BRAFTOVI.....	41	BYDUREON BCISE.....	25	CARDIZEM LA.....	54
BREO ELLIPTA.....	15	BYDUREON PEN.....	25	CARDURA.....	32
BRILINTA.....	77	BYETTA.....	25	CAREFINE PEN NEEDLE	
brimonidine tartrate.....	135	BYSTOLIC.....	53	32GX4MM.....	98
BRIVIACT.....	18	cabergoline.....	73	CAREFINE PEN NEEDLES	
bromfenac sodium (ophth)...	136	CABLIVI.....	77	29GX1/2".....	98
bromocriptine mesylate.....	46	CABOMETYX.....	41	CAREFINE PEN NEEDLES	
		CADUET.....	55	30GX5/16".....	98
		CAFERGOT.....	128	CAREFINE PEN NEEDLES	
		CALAN.....	54	31GX6MM.....	98

CAREFINE PEN NEEDLES 31GX8MM.....	98	CARETOUCH PEN NEEDLES 31GX 8MM.....	99	CELLCEPT.....	130
CAREFINE PEN NEEDLES 32GX5MM.....	98	CARETOUCH PEN NEEDLES 32GX 4MM.....	99	CELONTIN.....	21
CAREFINE PEN NEEDLES 32GX6MM.....	99	CARETOUCH PEN NEEDLES 32GX 5MM.....	99	cephalexin.....	56
CAREONE ADVANCED LANCINGDEVICE.....	84	CARETOUCH SAFETY LANCETS/26G.....	84	CERDELGA.....	78
CAREONE INSULIN SYRINGES/0.3ML/30G X 1/2".....	99	CARETOUCH SAFETY LANCETS/28G.....	84	CEREBYX.....	20
CAREONE INSULIN SYRINGES/0.3ML/31G X 5/16".....	99	CARETOUCH SAFETY LANCETS/30G.....	84	CEREZYME.....	78
CAREONE INSULIN SYRINGES/0.5ML/30G X 1/2".....	99	CARETOUCH TWIST LANCETS 28G.....	84	CESAMET.....	28
CAREONE INSULIN SYRINGES/0.5ML/31G X 5/16".....	99	CARETOUCH TWIST LANCETS 30G.....	84	cetirizine hcl.....	29
CAREONE INSULIN SYRINGES/1ML/30G X 1/2".....	99	CARETOUCH TWIST LANCETS 33G.....	84	cetirizine-pseudoephedrine	60
CAREONE INSULIN SYRINGES/1ML/31GX5/16".....	99	carisoprodol.....	133	CETRAXAL.....	137
CAREONE LANCET THIN.....	84	carmustine.....	36	CETROTIDE.....	72
CAREONE LANCET ULTRA THIN.....	84	carteolol hcl (ophth).....	134	cevimeline hcl.....	132
CAREONE UNIFINE PENTIPS 29GX12MM.....	99	carvedilol.....	53	CHANTIX.....	141
CAREONE UNIFINE PENTIPS 31GX5MM.....	99	CASODEX.....	39	CHANTIX CONTINUING MONTHPAK.....	141
CAREONE UNIFINE PENTIPS 31GX6MM.....	99	caspofungin acetate.....	28	CHANTIX STARTING MONTH PAK.....	141
CAREONE UNIFINE PENTIPS 31GX8MM.....	99	CATAPRES.....	32	CHEMET.....	27
CAREONE UNIFINE PENTIPS PEN NEEDLES 32GX4MM.....	99	CATAPRES-TTS-1.....	32	CHEMSTRIP-K.....	69
CAREONE UNIFINE PENTIPS PLUS PEN NEEDLES 29GX12MM.....	99	CATAPRES-TTS-2.....	32	CHILDRENS ADVIL.....	4
CAREONE UNIFINE PENTIPS PLUS PEN NEEDLES 31GX5MM.....	99	CATAPRES-TTS-3.....	32	CHILDRENS MOTRIN.....	4
CAREONE UNIFINE PENTIPS PLUS PEN NEEDLES 31GX6MM.....	99	CAYA.....	81	chloramphenicol sodium succinate.....	11
CAREONE UNIFINE PENTIPS PLUS PEN NEEDLES 31GX8MM.....	99	cefaclor.....	56	chlordiazepoxide hcl.....	13
CAREONE UNIFINE PENTIPS PLUS PEN NEEDLES 32GX4MM.....	99	cefadroxil.....	56	chlordiazepoxide hcl-clidinium bromide.....	143
CARESENS LANCETS.....	84	cefazolin sodium.....	56	chlorhexidine gluconate (mouth- throat).....	131
CARETOUCH LANCING DEVICewith EJECTOR.....	84	cefdinir.....	56	chloroquine phosphate.....	34
CARETOUCH PEN NEEDLES 31G X 6 MM.....	99	cefditoren pivoxil.....	56	chlorothiazide.....	71
CARETOUCH PEN NEEDLES 31GX 5MM.....	99	cefepime hcl.....	56	chlorpromazine hcl.....	48
		cefexime.....	56	chlorpropamide.....	26
		CEFOTAN.....	56	chlorthalidone.....	71
		cefotaxime sodium.....	56	chlorzoxazone.....	133
		cefotetan disodium.....	56	CHOLBAM.....	75
		cefoxitin sodium.....	56	cholecalciferol.....	148
		cefpodoxime proxetil.....	56	cholestyramine.....	30
		cefprozil.....	56	cholestyramine light.....	30
		ceftazidime.....	56	CHORIONIC GONADOTROPIN.....	72
		ceftriaxone sodium.....	56	CIALIS.....	55
		cefuroxime axetil.....	56	CICLODAN SOLUTION KIT.....	62
		cefuroxime sodium.....	56	ciclopirox.....	62
		CELEBREX.....	4	ciclopirox olamine.....	62
		celecoxib.....	4	cidofovir.....	51
		CELESTONE-SOLUSPAN.....	58	cilostazol.....	77
		CELEXA.....	22	CILOXAN.....	135
				CIMDUO.....	49
				cimetidine.....	143

cimetidine hcl.....	143	CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.3ML/29G X 1/2".....	99	CLEVER CHOICE COMFORT EZLANCETS 28G.....	84
CIMZIA.....	75	CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.3ML/30G X 1/2".....	99	CLEVER CHOICE COMFORT EZPEN NEEDLES 29GX12MM.....	100
CIMZIA STARTER KIT.....	75	CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.3ML/30G X 5/16".....	99	CLEVER CHOICE COMFORT EZPEN NEEDLES 31GX5MM.....	100
cinacalcet hcl.....	73	CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.3ML/31G X 5/16".....	99	CLEVER CHOICE COMFORT EZPEN NEEDLES 31GX6MM.....	100
CINRYZE.....	77	CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.5ML/28G X 1/2".....	99	CLEVER CHOICE COMFORT EZPEN NEEDLES 31GX8MM.....	100
CIPRO.....	74	CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.5ML/29G X 1/2".....	100	CLEVER CHOICE COMFORT EZPEN NEEDLES 32GX4MM.....	100
CIPRO HC.....	137	CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.5ML/30G X 1/2".....	100	CLEVER CHOICE COMFORT EZPEN NEEDLES 32GX5MM.....	100
CIPRODEX.....	137	CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.5ML/30G X 5/16".....	100	CLEVER CHOICE COMFORT EZPEN NEEDLES 32GX6MM.....	100
ciprofloxacin.....	75	CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.5ML/31G X 5/16".....	100	CLICKFINE PEN NEEDLE 32GX5/32".....	100
ciprofloxacin hcl.....	75	CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.5ML/31G X 5/16".....	100	CLICKFINE PEN NEEDLE UNIVERSAL/31GX1/4".....	100
ciprofloxacin hcl (ophth).....	135	CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.5ML/30G X 1/2".....	100	CLICKFINE PEN NEEDLE UNIVERSAL/31GX5/16".....	100
ciprofloxacin hcl (otic).....	137	CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.5ML/30G X 1/2".....	100	CLICKFINE PEN NEEDLES 31G X 1/4".....	100
ciprofloxacin in d5w.....	75	CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.5ML/30G X 5/16".....	100	CLICKFINE PEN NEEDLES 31G X 3/16".....	100
ciprofloxacin-ciprofloxacin hcl.....	75	CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.5ML/30G X 5/16".....	100	CLICKFINE PEN NEEDLES 31G X 5/16".....	100
ciprofloxacin-dexamethasone	137	CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.5ML/30G X 5/16".....	100	CLICKFINE PEN NEEDLES 31G X 8MM.....	100
ciprofloxacin-fluocinolone acetonide.....	137	CLEVER CHOICE COMFORT EZINSULIN SYRINGE/1.0ML/30G X 1/2".....	100	CLICKFINE PEN NEEDLES 32G X 5/32".....	100
cisplatin.....	36	CLEVER CHOICE COMFORT EZINSULIN SYRINGE/1.0ML/30G X 1/2".....	100	CLICKFINE PEN NEEDLES/31GX1/4".....	100
CISPLATIN.....	36	CLEVER CHOICE COMFORT EZINSULIN SYRINGE/1.0ML/30G X 1/2".....	100	CLICKFINE UNIVERSAL PEN NEEDLES 31GX5/16".....	100
citalopram hydrobromide.....	22	CLEVER CHOICE COMFORT EZINSULIN SYRINGE/1.0ML/30G X 1/2".....	100	CLIMARA.....	74
cladribine.....	37	CLEVER CHOICE COMFORT EZINSULIN SYRINGE/1.0ML/30G X 1/2".....	100	CLIMARA PRO.....	74
CLAFORAN.....	56	CLEVER CHOICE COMFORT EZINSULIN SYRINGE/1.0ML/30G X 1/2".....	100	CLINDAGEL.....	61
CLARINEX.....	29	CLEVER CHOICE COMFORT EZINSULIN SYRINGE/1.0ML/30G X 1/2".....	100	clindamycin hcl.....	12
clarithromycin.....	81	CLEVER CHOICE COMFORT EZINSULIN SYRINGE/1.0ML/30G X 1/2".....	100	clindamycin palmitate hydrochloride.....	12
CLARITIN.....	29	CLEVER CHOICE COMFORT EZINSULIN SYRINGE/1.0ML/30G X 1/2".....	100	clindamycin phosphate.....	12
CLARITIN ALLERGY CHILDRENS.....	29	CLEVER CHOICE COMFORT EZINSULIN SYRINGE/1.0ML/30G X 1/2".....	100	clindamycin phosphate (topical).....	61
CLARITIN CHILDRENS.....	29	CLEVER CHOICE COMFORT EZINSULIN SYRINGE/1.0ML/30G X 1/2".....	100	clindamycin phosphate vaginal.....	147
CLARITIN REDITABS.....	29	CLEVER CHOICE COMFORT EZINSULIN SYRINGE/1.0ML/30G X 1/2".....	100	clindamycin phosphate-benzoyl peroxide.....	61
CLARITIN-D 12 HOUR.....	60	CLEVER CHOICE COMFORT EZINSULIN SYRINGE/1.0ML/30G X 1/2".....	100	clindamycin phosphate-benzoyl peroxide (refrigerate).....	61
CLARITIN-D 24 HOUR.....	60	CLEVER CHOICE COMFORT EZINSULIN SYRINGE/1.0ML/30G X 1/2".....	100		
CLASSIC PRENATAL.....	132	CLEVER CHOICE COMFORT EZINSULIN SYRINGE/1.0ML/30G X 1/2".....	100		
CLEANLET LANCETS 28G.....	84	CLEVER CHOICE COMFORT EZINSULIN SYRINGE/1.0ML/30G X 1/2".....	100		
clemastine fumarate.....	29	CLEVER CHOICE COMFORT EZINSULIN SYRINGE/1.0ML/30G X 1/2".....	100		
CLENPIQ.....	80	CLEVER CHOICE COMFORT EZINSULIN SYRINGE/1.0ML/30G X 1/2".....	100		
CLEOCIN.....	12,147	CLEVER CHOICE COMFORT EZINSULIN SYRINGE/1.0ML/30G X 1/2".....	100		
CLEOCIN PEDIATRIC GRANULES.....	12	CLEVER CHOICE COMFORT EZINSULIN SYRINGE/1.0ML/30G X 1/2".....	100		
CLEOCIN PHOSPHATE.....	12	CLEVER CHOICE COMFORT EZINSULIN SYRINGE/1.0ML/30G X 1/2".....	100		
CLEOCIN-T.....	61	CLEVER CHOICE COMFORT EZINSULIN SYRINGE/1.0ML/30G X 1/2".....	100		
CLEVER CHEK LANCETS ULTRATHIN.....	84	CLEVER CHOICE COMFORT EZINSULIN SYRINGE/1.0ML/30G X 1/2".....	100		
CLEVER CHEK LANCETS ULTRATHIN 30G.....	84	CLEVER CHOICE COMFORT EZINSULIN SYRINGE/1.0ML/30G X 1/2".....	100		
CLEVER CHOICE COMFORT EZINSULIN PEN NEEDLES 31GX8MM.....	99	CLEVER CHOICE COMFORT EZINSULIN SYRINGE/1.0ML/30G X 1/2".....	100		

clindamycin phosphate-tretinoin.....	61	COLYTE-FLAVOR PACKS80		CONZIP.....	6
CLINIMIX 4.25%/DEXTROSE 10%.....	134	COMBIGAN.....	134	COPAXONE.....	140
CLINIMIX 4.25%/DEXTROSE 25%.....	134	COMBIVIR.....	49	COPIKTRA.....	41
CLINIMIX 4.25%/DEXTROSE 5%.....	134	COMETRIQ.....	41	CORDARONE.....	14
CLINIMIX 5%/DEXTROSE 25%.....	134	COMFORT ASSIST INSULIN SYRINGE 0.3ML/29G X 1/2".....	100	CORDRAN.....	66
CLINIMIX E 5%/DEXTROSE 20%.....	134	COMFORT ASSIST INSULIN SYRINGE/0.3ML/30G X 5/16".....	101	COREG.....	53
clobazam.....	18	COMFORT ASSIST INSULIN SYRINGE/0.3ML/31G X 5/16".....	101	CORGARD.....	53
clobetasol propionate.....	66	COMFORT ASSIST INSULIN SYRINGE/0.5ML/29G X 1/2".....	101	CORLANOR.....	56
clobetasol propionate emollient base.....	66	COMFORT ASSIST INSULIN SYRINGE/0.5ML/30G X 5/16".....	101	CORTEF.....	58
clocortolone pivalate.....	66	COMFORT ASSIST INSULIN SYRINGE/0.5ML/31G X 5/16".....	101	CORTENEMA.....	10
CLODERM.....	66	COMFORT ASSIST INSULIN SYRINGE/1ML/29G X 1/2".....	101	cortisone acetate.....	59
CLODERM PUMP.....	66	COMFORT ASSIST INSULIN SYRINGE/1ML/30G X 5/16".....	101	CORTISPORIN.....	62
clofarabine.....	37	COMFORT ASSIST INSULIN SYRINGE/1ML/31G X 5/16".....	101	CORTISPORIN-TC.....	137
CLOLAR.....	37	COMFORT ASSURED LANCETS MICRO THIN 33G.....	84	CORZIDE.....	33
clomipramine hcl.....	23	COMFORT ASSURED LANCETS SUPER THIN 28G.....	84	COSENTYX.....	65
clonazepam.....	18	COMFORT EZ INSULIN SYRINGE/U-100/0.5ML/31G X 5/16".....	101	COSENTYX SENSOREADY PEN.....	65
clonidine.....	32	COMFORT EZ INSULIN SYRINGE/U-100/1ML/31G X 5/16".....	101	COSMEGEN.....	40
clonidine hcl.....	32	COMFORT EZ MICRO/32G X 4MM.....	101	COSOPT.....	134
clonidine hcl (adhd).....	2	COMFORT EZ SHORT/31G X 8MM.....	101	COTELIC.....	41
clopidogrel bisulfate.....	78	COMFORT EZ/31G X 5MM.....	101	COUMADIN.....	16
clorazepate dipotassium.....	13	COMFORT EZ/31G X 6MM.....	101	COZAAR.....	32
clotrimazole.....	131	COMFORT LANCETS.....	84	CREON.....	70
clotrimazole (topical).....	62	COMPLERA.....	49	CRESEMBA.....	28
clotrimazole vaginal.....	147	COMTAN.....	46	CRESTOR.....	31
clotrimazole w/ betamethasone.....	62	CONCERTA.....	2	CRIVAN.....	49
clozapine.....	47	CONTRAVE.....	2	CROMOLYN SODIUM.....	14
CLOZARIL.....	48			cromolyn sodium (ophth).....	136
COAGUCHEK LANCETS.....	84			crotamiton.....	69
COARTEM.....	34			CUBICIN.....	11
CODEINE SULFATE.....	6			CUBICIN RF.....	11
codeine sulfate.....	6			CUPRIMINE.....	130
COGENTIN.....	45			CUTIVATE.....	66
COLACE.....	80			CUVITRU.....	138
COLAZAL.....	75			CVS LANCETS 21G.....	84
colchicine.....	77			CVS LANCETS MICRO THIN 33G.....	84
colchicine w/ probenecid.....	77			CVS LANCETS MICRO-THIN 33G.....	84
COLCRYS.....	77			CVS LANCETS ORIGINAL.....	85
colesevelam hcl.....	30			CVS LANCETS THIN 26G.....	85
COLESTID.....	30			CVS LANCETS ULTRA THIN 30G.....	85
COLESTID FLAVORED.....	30			CVS LANCETS ULTRA-THIN 30G.....	85
colestipol hcl.....	30			CVS LANCING DEVICE.....	85
COLY-MYCIN S.....	137			CVS PRENATAL.....	132

CVS ULTRA THIN		DEBACTEROL.....	131	dexamethasone.....	59
LANCETS.....	85	decitabine.....	37	DEXAMETHASONE	
cyanocobalamin.....	78	deferasirox.....	27	INTENSOL.....	59
cyclobenzaprine hcl.....	133	deferiprone.....	27	dexamethasone sodium	
cyclophosphamide.....	36	DELESTROGEN.....	74	phosphate.....	59
CYCLOPHOSPHAMIDE.....	36	DELSTRIGO.....	49	dexamethasone sodium	
cyclophosphamide.....	36	DELZICOL.....	75	phosphate (ophth).....	136
cycloserine.....	35	DEMADEX.....	70	dexchlorpheniramine	
CYCLOSET.....	25	demeclocycline hcl.....	142	maleate.....	29
cyclosporine.....	131	DEMEROL.....	6	DEXEDRINE.....	1
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GLOBAL INJECT EASE INSULIN SYRINGE/U-100/1ML/30G X 1/2".....	106	GLUCOPRO INSULIN SYRINGE/U-100/1ML/30G X 5/16".....	107	GNP INSULIN SYRINGE/1ML/29G X 1/2".....	107
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GNP ULTRA COMFORT		GOODSENSE PEN		HAEMOLANCE PLUS.....	88
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GNP ULTRA COMFORT		GOODSENSE PEN		HAEMOLANCE PLUS LOW	
INSULIN SYRINGE/0.3ML/31G X		NEEDLE/PENFINE		FLOW.....	88
5/16" SHORT.....	107	CLASSIC/31G X 5/16"....	108	HAEMOLANCE PLUS MAX	
GNP ULTRA COMFORT		GOODSENSE PEN		FLOW.....	88
INSULIN SYRINGE/0.5ML/28G X		NEEDLE/PENFINE		HAEMOLANCE PLUS	
1/2".....	107	CLASSIC/32G X 1/4".....	108	PEDIATRIC FLOW.....	88
GNP ULTRA COMFORT		GOODSENSE PEN		HALAVEN.....	45
INSULIN SYRINGE/0.5ML/29G X		NEEDLE/PENFINE		halcinonide.....	67
1/2".....	107	CLASSIC/32G X 5/32"....	108	HALCION.....	79
GNP ULTRA COMFORT		GOODSENSE PRENATAL		HALDOL.....	47
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5/16" SHORT.....	108	granisetron hcl.....	27	HALDOL DECANOATE 50..	47
GNP ULTRA COMFORT		GRASTEK.....	3	halobetasol propionate.....	67
INSULIN SYRINGE/0.5ML/31G X		griseofulvin microsize.....	28	HALOG.....	67
5/16" SHORT.....	108	griseofulvin ultramicrosize..	28	haloperidol.....	47
GNP ULTRA COMFORT		guanfacine hcl.....	32	haloperidol decanoate.....	47
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1/2".....	108	GUANIDINE HCL.....	35	HARVONI.....	52
GNP ULTRA COMFORT		GVOKE PFS.....	25	HAVRIX.....	147
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5/16" SHORT.....	108	H-E-B IN CONTROL PEN		5/16".....	108
GNP ULTRA COMFORT		NEEDLES 31GX6MM.....	108	HEALTHWISE INSULIN	
INSULIN SYRINGE/1ML/31G X		H-E-B IN CONTROL PEN		SYRINGE/U-100/0.3ML/31G X	
5/16" SHORT.....	108	NEEDLES 31GX8MM.....	108	5/16".....	108
GOJJI BLOOD KETONE TEST		H-E-B IN CONTROL PEN		HEALTHWISE INSULIN	
STRIPS.....	69	NEEDLES/NANO/32GX4MM		SYRINGE/U-100/0.5ML/30G X	
GOJJI LANCING			108	5/16".....	108
DEVICE/CLEAR CAP.....	87	H-E-B IN CONTROL		HEALTHWISE INSULIN	
GOJJI STERILE LANCETS		UNIFINEPENTIPS PLUS		SYRINGE/U-100/0.5ML/31G X	
30G.....	87	31GX5MM.....	108	5/16".....	108
GOLYTELY.....	80	H-E-B IN CONTROL		HEALTHWISE INSULIN	
GOODSENSE CLICKFINE		UNIFINEPENTIPS PLUS		SYRINGE/U-100/1ML/30G X	
SAFETY PEN NEEDLE/31G X		32GX4MM.....	108	5/16".....	108
3/16".....	108				
GOODSENSE COLOR					
LANCETS MICRO-THIN 33G					
UNIVERSAL.....	87				

HEALTHWISE INSULIN SYRINGE/U-100/1ML/31G X 5/16".....	108	HIZENTRA.....	138	hydrocortisone valerate.....	67
HEALTHWISE MICRON PEN NEEDLES/32G X 5/32".....	108	HM PRENATAL.....	132	hydrocortisone w/acetic acid.....	137
HEALTHWISE MINI PEN NEEDLES 31GX6MM.....	108	HM ULTICARE INSULIN SYRINGE/1ML/30G X 1/2".....	109	hydromorphone hcl.....	7
HEALTHWISE PEN NEEDLES 29GX12MM.....	109	HM ULTICARE INSULIN SYRINGE/U-100/0.3ML/31G X 5/16".....	109	HYDROMORPHONE HYDROCHLORIDE.....	7
HEALTHWISE SHORT PEN NEEDLES 31GX8MM.....	109	HM ULTICARE SHORT PEN NEEDLES 31GX8MM.....	109	hydroxychloroquine sulfate..	34
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HEALTHWISE SHORT PEN NEEDLES/31G X 5/16".....	109	HUMATROPE.....	72	hydroxyurea.....	44
HEALTHWISE UNIFINE PENTIPS PEN NEEDLES 32GX4MM.....	109	HUMATROPE COMBO PACK.....	72	hydroxyzine hcl.....	13
HEALTHY ACCENTS AUTOLET IMPRESSION LANCING DEVICE.....	88	HUMIRA.....	4	hydroxyzine pamoate.....	13
HEALTHY ACCENTS UNIFINE PENTIPS PEN NEEDLES 29GX12MM.....	109	HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK.3	3	HYPER-SAL.....	60
HEALTHY ACCENTS UNIFINE PENTIPS PEN NEEDLES 31GX5MM.....	109	HUMIRA PEN.....	3	HYPERSAL.....	60
HEALTHY ACCENTS UNIFINE PENTIPS PEN NEEDLES 31GX6MM.....	109	HUMIRA PEN-CD/UC/HS STARTER.....	3,4	HYQVIA.....	138
HEALTHY ACCENTS UNIFINE PENTIPS PEN NEEDLES 31GX8MM.....	109	HUMIRA PEN-PS/UV STARTER.....	4	HYZAAR.....	33
HEALTHY ACCENTS UNIFINE PENTIPS PEN NEEDLES 32GX4MM.....	109	HUMULIN R U-500 (CONCENTRATED).....	25	ibandronate sodium.....	71
HEALTHY ACCENTS UNILET LANCETS SUPER THIN 30G.....	88	HUMULIN R U-500 KWIKPEN.....	25	IBRANCE.....	41
HECTOROL.....	73	HY-VEE LANCETS.....	88	ibuprofen.....	5
HEMANGEOL.....	53	HY-VEE THIN LANCETS..	88	icatibant acetate.....	77
HEPARIN LOCK FLUSH....	17	HYCAMTIN.....	45	ICLUSIG.....	42
heparin sod (porcine) in d5w.	17	hydralazine hcl.....	34	icosapent ethyl.....	30
heparin sodium (porcine)....	17	HYDREA.....	44	IDAMYCIN PFS.....	40
HEPARIN SODIUM/NACL 0.45%.....	17	HYDRO 35.....	68	idarubicin hcl.....	40
HEPARIN SODIUM/SODIUM CHLORIDE 0.9%.....	17	hydrochlorothiazide.....	71	IDHIFA.....	42
HEPLISAV-B.....	147	hydrocodone bitartrate.....	7	IFEX.....	36
HEPSERA.....	52	HYDROCODONE BITARTRATE/ACETAMINOPH EN.....	9	ifosfamide.....	36
HERCEPTIN.....	38	HYDROCODONE BITARTRATE/GUAIFENESIN	60	IFOSFAMIDE.....	36
HERCEPTIN HYLECTA.....	41	hydrocodone- acetaminophen.....	9	ILARIS.....	4
HERZUMA.....	38	hydrocodone-ibuprofen.....	9	ILEVRO.....	137
HETLIOZ.....	80	hydrocortisone.....	59	ILUMYA.....	65
HIPREX.....	12	hydrocortisone (intrarectal)	10	imatinib mesylate.....	42
		hydrocortisone (rectal).....	10	IMBRUVICA.....	42
		hydrocortisone (topical)....	67	IMFINZI.....	38
		hydrocortisone acetate (rectal).....	10	imipenem-cilastatin.....	11
		HYDROCORTISONE ACETATE/LIDOCAINE HYDROCHLORIDE.....	67	imipramine hcl.....	23
		hydrocortisone butyrate....	67	imipramine pamoate.....	23
				imiquimod.....	68
				IMITREX.....	128
				IMITREX STATDOSE REFILL.....	128
				IMITREX STATDOSE SYSTEM.....	128
				IMODIUM A-D.....	26
				IMPAVIDO.....	11
				IMURAN.....	131
				IN TOUCH LANCING DEVICE.....	88

IN TOUCH STERILE		INSULIN SYRINGE/U-		INSUPEN ULTRAFIN	
LANCETS30G.....	88	100/0.5ML/29G X 1/2".....	110	31GX8MM.....	110
INCRELEX.....	72	INSULIN SYRINGE/U-		INTELENCE.....	49,50
INCRUSE ELLIPTA.....	14	100/1ML/29G X 1/2".....	110	INTRAROSA.....	147
indapamide.....	71	INSULIN SYRINGE/U-		INTRON A.....	44
INDERAL LA.....	53	100/1ML/30G X 5/16".....	110	INTUNIV.....	2
indomethacin.....	5	INSULIN SYRINGE/U-		INVANZ.....	11
INFLECTRA.....	75	100/1ML/31G X 5/16".....	110	INVEGA.....	47
INFUGEM.....	37	INSULIN		INVIRASE.....	50
INLYTA.....	42	SYRINGES/0.5ML/27GX1/2".....	110	INVOKAMET.....	24
INQOVI.....	41	INSULIN		INVOKANA.....	26
INREBIC.....	42	SYRINGES/0.5ML/28GX1/2".....	110	IONOSOL-MB/DEXTROSE	
INSPRA.....	34	INSULIN		5%.....	129
INSULIN SYRINGE/0.3ML/29G X		SYRINGES/0.5ML/29GX1/2".....	110	IOPIDINE.....	135
1".....	109	INSULIN		IPOL INACTIVATED IPV.....	147
INSULIN SYRINGE/0.3ML/29G X		SYRINGES/0.5ML/30GX5/16".....	110	ipratropium bromide.....	14
1/2".....	109	INSULIN		ipratropium bromide (nasal).....	133
INSULIN SYRINGE/0.3ML/30G X		SYRINGES/0.5ML/31GX		ipratropium-albuterol.....	15
5/16".....	109	5/16".....	110	irbesartan.....	32
INSULIN SYRINGE/0.3ML/31G X		INSULIN		irbesartan-hydrochlorothiazide	
5/16".....	109	SYRINGES/0.5ML/31GX5/16".....	110	.....	33
INSULIN SYRINGE/0.5ML/27G X		INSULIN		IRESSA.....	42
1/2".....	109	SYRINGES/1ML/27GX1/2".....	110	irinotecan hcl.....	45
INSULIN SYRINGE/0.5ML/28G X		INSULIN		irrigation solutions,	
1/2".....	109	SYRINGES/1ML/27GX1/2".....	110	physiological.....	131
INSULIN SYRINGE/0.5ML/30G X		INSULIN		ISENTRESS.....	50
1/2".....	109	SYRINGES/1ML/27GX1/2".....	110	ISENTRESS HD.....	50
INSULIN SYRINGE/0.5ML/30G X		INSULIN		ISOLYTE-P/DEXTROSE	
5/16".....	109	SYRINGES/1ML/28GX1/2".....	110	5%.....	129
INSULIN SYRINGE/0.5ML/31G X		INSULIN		ISOLYTE-S.....	129
5/16".....	109	SYRINGES/1ML/29GX1/2".....	110	isoniazid.....	35
INSULIN SYRINGE/1ML/28G X		INSULIN		ISONIAZID.....	35
1/2".....	109	SYRINGES/1ML/30GX1/2".....	110	isoniazid.....	35
INSULIN SYRINGE/1ML/29G X		INSULIN		ISOPTO CARPINE.....	135
1/2".....	109	SYRINGES/1ML/30GX1/2".....	110	ISORDIL TITRADOSE.....	12
INSULIN SYRINGE/1ML/30G X		INSULIN		isosorbide dinitrate.....	12,13
5/16".....	109	SYRINGES/1ML/31GX5/16".....	110	isosorbide mononitrate.....	13
INSULIN SYRINGE/NEEDLE		INSUPEN 29G X 12MM.....	110	isotretinoin.....	61
0.3ML/30G X 5/16".....	109	INSUPEN 31G X 5MM.....	110	isradipine.....	54
INSULIN SYRINGE/NEEDLE		INSUPEN 31G X 8MM.....	110	ISTODAX (OVERFILL).....	42
0.3ML/31G X 5/16".....	109	INSUPEN 32G X 4MM.....	110	itraconazole.....	28
INSULIN SYRINGE/NEEDLE		INSUPEN PEN NEEDLES 32G		ivermectin.....	11
0.5ML/29G X 1/2".....	109	X4MM.....	110	IXEMPRA KIT.....	45
INSULIN SYRINGE/NEEDLE		INSUPEN SENSITIVE		JADENU.....	27
0.5ML/30G X 5/16".....	109	32GX6MM.....	110	JADENU SPRINKLE.....	27
INSULIN SYRINGE/NEEDLE		INSUPEN ULTRAFIN		JAKAFI.....	42
0.5ML/31G X 5/16".....	109	29GX12MM.....	110	JANUMET.....	24
INSULIN SYRINGE/NEEDLE		INSUPEN ULTRAFIN		JANUMET XR.....	24
1ML/29G X 1/2".....	110	30GX8MM.....	110		
INSULIN SYRINGE/NEEDLE		INSUPEN ULTRAFIN			
1ML/30G X 5/16".....	110	31GX6MM.....	110		
INSULIN SYRINGE/NEEDLE					
1ML/31G X 5/16".....	110				
INSULIN SYRINGE/U-					
100/0.3ML/29G X 1/2".....	110				

JANUVIA.....	25	KIMONO PLUS SPERMICIDE LUBRICATED.....	82	KROGER INSULIN SYRINGE/0.3ML/29G X 1/2".....	111
JARDIANCE.....	26	KIMONO PLUS SPERMICIDE/LUBRICATED.....	82	KROGER INSULIN SYRINGE/0.3ML/30G X 5/16".....	111
JELMYTO.....	40	KIMONO PS LUBRICATED.....	82	KROGER INSULIN SYRINGE/0.3ML/31G X 5/16".....	111
JENTADUETO.....	24	KIMONO PS PLUS SPERMICIDE/LUBRICATED.....	82	KROGER INSULIN SYRINGE/0.5ML/29G X 1/2".....	111
JENTADUETO XR.....	24	KIMONO SENSATION LUBRICATED.....	82	KROGER INSULIN SYRINGE/0.5ML/30G X 5/16".....	111
JEVTANA.....	45	KIMONO SENSATION PLUS SPERMICIDE LUBRICATED.....	82	KROGER INSULIN SYRINGE/0.5ML/31G X 5/16".....	111
JUBLIA.....	63	KIMONO SPECIAL.....	82	KROGER INSULIN SYRINGE/1ML/29G X 1/2".....	111
JULUCA.....	50	KINERET.....	4	KROGER INSULIN SYRINGE/1ML/30G X 5/16".....	111
JYNARQUE.....	74	KINNEY LANCETS.....	88	KROGER INSULIN SYRINGE/1ML/31G X 5/16".....	111
K-TAB.....	130	KINNEY THIN LANCETS.....	88	KROGER LANCETS.....	88
K-Y ME & YOU EXTRA LUBRICATED.....	81	KINRAY INSULIN SYRINGE PREFERRED PLUS/0.3ML/31G X 5/16".....	110	KROGER LANCETS 21G.....	88
K-Y ME & YOU INTENSE.....	81	KINRAY INSULIN SYRINGE PREFERRED PLUS/0.5ML/31G X 5/16".....	110	KROGER LANCETS MICRO THIN33G.....	88
KADCYLA.....	38	KINRAY INSULIN SYRINGE PREFERRED PLUS/1ML/31G X 5/16".....	110	KROGER LANCETS SUPER THIN.....	88
KADIAN.....	7	KINRAY INSULIN SYRINGE/0.5ML/29G X 1/2".....	111	KROGER LANCETS THIN.....	88
KALETRA.....	50	KISQALI.....	42	KROGER LANCETS THIN 26G.....	88
KALYDECO.....	141	KISQALI FEMARA 200 DOSE.....	41	KROGER LANCETS ULTRATHIN30G.....	88
KAMELEON LUBRICATED.....	82	KISQALI FEMARA 400 DOSE.....	41	KROGER LANCING DEVICE.....	88
KANJINTI.....	38	KISQALI FEMARA 600 DOSE.....	41	KROGER PEN NEEDLES 29G X12MM.....	111
KAPVAY.....	2	KITABIS PAK.....	3	KROGER PEN NEEDLES 31G X8MM.....	111
KAZANO.....	24	KLARITY-A.....	135	KROGER PEN NEEDLES 31GX1/4".....	111
KCL 0.3%/D5W/NACL 0.9%.....	129	KLARON.....	61	KROGER PEN NEEDLES/31G X1/4".....	111
KEFLEX.....	56	KLONOPIN.....	18	KROGER PEN NEEDLES/31G X3/16".....	111
KENALOG-40.....	59	KMART VALU PLUS INSULIN SYRINGE/1ML/29G.....	111	KROGER PEN NEEDLES/31G X5/16".....	111
KEPIVANCE.....	44	KMART VALU PLUS INSULIN SYRINGE/1ML/30G.....	111	KROGER PEN NEEDLES/32G X5/32".....	111
KEPPRA.....	19	KOSELUGO.....	42	KRYSTEXXA.....	77
KEPPRA XR.....	19	KP PRENATAL MULTIVITAMINS.....	132	KUVAN.....	73
KERYDIN.....	63	KRINTAFEL.....	35	KYLEENA.....	58
ketoconazole.....	28	KROGER AUTOLET LANCING DEVICE.....	88	KYMRIAH.....	39
ketoconazole (topical).....	63	KROGER HEALTHPRO TWIST LANCETS/26G.....	88		
KETONE.....	69				
KETONE TEST STRIPS.....	69				
ketoprofen.....	5				
ketorolac tromethamine.....	5				
ketorolac tromethamine (ophth).....	137				
KETOSTIX.....	69				
ketotifen fumarate (ophth).....	137				
KEVEYIS.....	70				
KEVZARA.....	4				
KEYTRUDA.....	38				
KHAPZORY.....	44				
KHEDEZLA.....	23				
KIMONO COLORS.....	82				
KIMONO LUBRICATED.....	82				
KIMONO MICRO THIN PLUS SPERMICIDE LUBRICATED.....	82				

KYPROLIS.....	42	LANCING DEVICE.....	89	LEADER UNIFINE	
labetalol hcl.....	53	LANCING DEVICE		PENTIPS/NANO/32GX5/32"	
LAC-HYDRIN.....	68	ADJUSTABLE.....	89	.....	112
LAC-HYDRIN TWELVE.....	68	LANOXIN.....	54,55	LEADER UNIFINE	
LACRISERT.....	134	lansoprazole.....	144	PENTIPS/PLUS/32GX5/32"	
lactated ringer's.....	129	lanthanum carbonate.....	76	.....	112
lactated ringer's (irrigation).....	131	LANZO.....	89	LEDIPASVIR/SOFOSBUVIR	
lactic acid (ammonium		lapatinib ditosylate.....	42	.....	52
lactate).....	68	LARTRUVO.....	38	leflunomide.....	5
lactulose.....	80	LASIX.....	70	LENVIMA 10 MG DAILY	
lactulose (encephalopathy).....	76	LASTACAPT.....	137	DOSE.....	42
LAMICTAL.....	19	latanoprost.....	137	LENVIMA 12MG DAILY	
LAMICTAL CHEWABLE		LATUDA.....	47	DOSE.....	42
DISPERSIBLE.....	19	LEADER ADVANCED		LENVIMA 14 MG DAILY	
LAMICTAL ODT.....	19	LANCING DEVICE.....	89	DOSE.....	42
lamivudine.....	50	LEADER INSULIN		LENVIMA 18 MG DAILY	
lamivudine (hbv).....	52	SYRINGE/0.3ML/29G X		DOSE.....	42
lamivudine-zidovudine.....	50	1/2".....	111	LENVIMA 20 MG DAILY	
lamotrigine.....	19	LEADER INSULIN		DOSE.....	42
LANCET DEVICE		SYRINGE/0.3ML/30G X		LENVIMA 24 MG DAILY	
ADJUSTABLE.....	88	5/16".....	111	DOSE.....	42
LANCET DEVICE WITH		LEADER INSULIN		LENVIMA 4 MG DAILY	
EJECTOR.....	88	SYRINGE/0.3ML/31G X		DOSE.....	42
LANCETS.....	88	5/16".....	111	LENVIMA 8 MG DAILY	
LANCETS 26G TWIST TOP.....	88	LEADER INSULIN		DOSE.....	42
LANCETS 28G.....	88	SYRINGE/0.5ML/28G X		LETAIRIS.....	55
LANCETS 30G.....	88	1/2".....	111	letrozole.....	39
LANCETS 30G TWIST TOP.....	88	LEADER INSULIN		leucovorin calcium.....	44
LANCETS 30G/TWIST TOP.....	88	SYRINGE/0.5ML/29G X		LEUKERAN.....	36
LANCETS 31G TWIST TOP.....	88	1/2".....	111	LEUKINE.....	78
LANCETS 33G UNIVERSAL		LEADER INSULIN		leuprolide acetate.....	39
DESIGN.....	88	SYRINGE/0.5ML/30G X		LEUPROLIDE	
LANCETS MICRO THIN		5/16".....	111	ACETATE/BUPIVACAINE	
33G.....	88	LEADER INSULIN		HYDROCHLORIDE.....	39
LANCETS SAFETY SEAL		SYRINGE/0.5ML/31G X		levalbuterol hcl.....	15,16
21G.....	88	5/16".....	111	levalbuterol tartrate.....	16
LANCETS SAFETY SEAL		LEADER INSULIN		LEVAQUIN.....	75
26G.....	88	SYRINGE/1ML/28G X		LEVEMIR.....	25
LANCETS SAFETY SEAL		1/2".....	111	LEVEMIR FLEXTOUCH.....	25
28G.....	89	LEADER INSULIN		levetiracetam.....	19
LANCETS SAFETY SEAL		SYRINGE/1ML/29G X		levobunolol hcl.....	134
30G.....	89	1/2".....	111	levocetirizine dihydrochloride.....	29
LANCETS SUPER THIN		LEADER INSULIN		levofloxacin.....	75
28G.....	89	SYRINGE/1ML/30G X		levofloxacin (ophth).....	135
LANCETS THIN.....	89	5/16".....	111	levofloxacin in d5w.....	75
LANCETS TWIST TOP.....	89	LEADER INSULIN		LEVOLEUCOVORIN.....	44
LANCETS ULTRA FINE.....	89	SYRINGE/1ML/31G X		levoleucovorin calcium.....	44
LANCETS ULTRA THIN.....	89	5/16".....	111	levonorgestrel & eth	
LANCETS ULTRA THIN		LEADER UNIFINE PENTIPS		estradiol.....	57
30G.....	89	PLUS/MINI/31GX3/16".....	111	levonorgestrel (emergency	
LANCETSBULLSEYE		LEADER UNIFINE PENTIPS		oc).....	58
SAFETY.....	89	PLUS/SHORT/31GX5/16"		levonorgestrel-eth estradiol	
		.....	112	(triphasic).....	57
		LEADER UNIFINE			
		PENTIPS/MINI/31GX3/16"			
		.....	112		

levonorgestrel-ethinyl estradiol (91-day).....	57	LITETOUCH INSULIN SYRINGE/0.3ML/31G X 5/16".....	112	LITETOUCH PEN NEEDLES/31G X 8MM/SHORT.....	112
levonorgestrel-ethinyl estradiol (continuous).....	57	LITETOUCH INSULIN SYRINGE/0.5ML/30G X 5/16".....	112	LITHIUM.....	47
levorphanol tartrate.....	7	LITETOUCH INSULIN SYRINGE/0.5ML/31G X 5/16".....	112	lithium carbonate.....	47
levothyroxine sodium.....	142	LITETOUCH INSULIN SYRINGE/1ML/30G X 5/16".....	112	LITHOBID.....	47
LEVULAN KERASTICK.....	64	LITETOUCH INSULIN SYRINGE/U-100/0.3ML/30G X 5/16".....	112	LIVALO.....	31
LEXAPRO.....	22	LITETOUCH INSULIN SYRINGE/U-100/0.3ML/31G X 5/16".....	112	LIVE BETTER ADVANCED LANCING DEVICE.....	89
LEXIVA.....	50	LITETOUCH INSULIN SYRINGE/U-100/0.5ML/28G X 1/2".....	112	LIVE BETTER LANCET SUPERTHIN 30G.....	89
LIALDA.....	75	LITETOUCH INSULIN SYRINGE/U-100/0.5ML/29G X 1/2".....	112	LIVE BETTER LANCET ULTRATHIN 28G.....	89
LIBERTY MEDICAL LANCETS 30G.....	89	LITETOUCH INSULIN SYRINGE/U-100/0.5ML/30G X 5/16".....	112	LO LOESTRIN FE.....	57
LIBERTY MINI LANCING DEVICE.....	89	LITETOUCH INSULIN SYRINGE/U-100/0.5ML/31G X 5/16".....	112	LOCOID.....	67
LIBRAX.....	143	LITETOUCH INSULIN SYRINGE/U-100/1ML/28G X 1/2".....	112	LODINE.....	5
LIBTAYO.....	38	LITETOUCH INSULIN SYRINGE/U-100/1ML/29G X 1/2".....	112	LODOSYN.....	45
lidocaine.....	68	LITETOUCH INSULIN SYRINGE/U-100/1ML/30G X 5/16".....	112	LOMOTIL.....	26
lidocaine hcl.....	68	LITETOUCH INSULIN SYRINGE/U-100/1ML/31G X 5/16".....	112	LONGS INSULIN SYRINGE/0.5ML/31G X 5/16".....	113
lidocaine hcl (local anesth.).....	80	LITETOUCH LANCETS MICRO THIN 33G.....	89	LONGS LANCETS STANDARD.....	89
lidocaine hcl (mouth-throat).....	131	LITETOUCH PEN NEEDLES 29GX12.7MM.....	112	LONGS LANCETS THIN.....	89
lidocaine-prilocaine.....	68	LITETOUCH PEN NEEDLES 31G X 6MM.....	112	LONGS LANCETS ULTRA THIN.....	89
LIDODERM.....	69	LITETOUCH PEN NEEDLES 31G X 6MM/ULTRA SHORT.....	112	LONSURF.....	41
LIFESCAN UNISTIK 2 DEEP PENETRATION.....	89	LITETOUCH PEN NEEDLES 31GX8MM SHORT.....	112	loperamide hcl.....	26
LIFESCAN UNISTIK II LANCETS.....	89	LITETOUCH PEN NEEDLES 31GX8MM SHORT.....	112	LOPID.....	31
LILETTA.....	58	LITETOUCH PEN NEEDLES 31GX8MM SHORT.....	112	lopinavir-ritonavir.....	50
LINCOCIN.....	12	LITETOUCH PEN NEEDLES 31GX8MM SHORT.....	112	LOPRESSOR.....	53
lincomycin hcl.....	12	LITETOUCH PEN NEEDLES 31GX8MM SHORT.....	112	LOPRESSOR HCT.....	33
lindane.....	69	LITETOUCH PEN NEEDLES 31GX8MM SHORT.....	112	LOPROX.....	63
linezolid.....	12	LITETOUCH PEN NEEDLES 31GX8MM SHORT.....	112	LOPROX SHAMPOO.....	63
LINZESS.....	76	LITETOUCH PEN NEEDLES 31GX8MM SHORT.....	112	loratadine.....	29
liothyronine sodium.....	142	LITETOUCH PEN NEEDLES 31GX8MM SHORT.....	112	loratadine & pseudoephedrine.....	60
LIPITOR.....	31	LITETOUCH PEN NEEDLES 31GX8MM SHORT.....	112	lorazepam.....	13
LIPOFEN.....	31	LITETOUCH PEN NEEDLES 31GX8MM SHORT.....	112	LORBRENA.....	42
lisinopril.....	31	LITETOUCH PEN NEEDLES 31GX8MM SHORT.....	112	LORTAB.....	9
lisinopril & hydrochlorothiazide.....	33	LITETOUCH PEN NEEDLES 31GX8MM SHORT.....	112	losartan potassium.....	32
LITE TOUCH LANCETS.....	89	LITETOUCH PEN NEEDLES 31GX8MM SHORT.....	112	losartan potassium & hydrochlorothiazide.....	33
LITE TOUCH LANCING PEN.....	89	LITETOUCH PEN NEEDLES 31GX8MM SHORT.....	112	LOSEASONIQUE.....	57
LITETOUCH INSULIN PEN NEEDLES/32G X 4MM/MINI.....	112	LITETOUCH PEN NEEDLES 31GX8MM SHORT.....	112	LOTEMAX.....	136
LITETOUCH INSULIN SYRINGE/0.3ML/29G X 1/2".....	112	LITETOUCH PEN NEEDLES 31GX8MM SHORT.....	112	LOTENSIN.....	31
LITETOUCH INSULIN SYRINGE/0.3ML/30G X 5/16".....	112	LITETOUCH PEN NEEDLES 31GX8MM SHORT.....	112	LOTENSIN HCT.....	33
		LITETOUCH PEN NEEDLES 31GX8MM SHORT.....	112	loteprednol etabonate.....	136
		LITETOUCH PEN NEEDLES 31GX8MM SHORT.....	112	LOTREL.....	33
		LITETOUCH PEN NEEDLES 31GX8MM SHORT.....	112	LOTRIMIN AF.....	63

LOTRIMIN AF JOCK ITCH..	63	MAGELLAN INSULIN SAFETY	MAYZENT STARTER
LOTRIMIN ULTRA.....	63	SYRINGE/U-100/0.5ML/30G X	PACK.....
LOTRISONE.....	63	5/16".....	140
LOTRONEX.....	76	MAGELLAN INSULIN SAFETY	meclizine hcl.....
lovastatin.....	31	SYRINGE/U-100/1ML/29G X	27
LOVAZA.....	30	1/2".....	meclufenamate sodium.....
LOVENOX.....	17	MAGELLAN INSULIN SAFETY	5
loxapine succinate.....	48	SYRINGE/U-100/1ML/30G X	MEDIC INSULIN
LUCEMYRA.....	139	5/16".....	SYRINGE/0.3ML/30G X
luliconazole.....	63	113	5/16".....
LUMIGAN.....	137	magnesium sulfate.....	113
LUMIZYME.....	73	34	MEDIC INSULIN
LUMOXITI.....	38	MALARONE.....	SYRINGE/0.5ML/30G X
LUNESTA.....	79	malathion.....	5/16".....
LUPANETA PACK.....	72	maprotiline hcl.....	113
LUPRON DEPOT (1-		MARATHON MEDICAL	MEDICHOICE PRE-SET
MONTH).....	39	PENTIPS29GX12MM....	SAFETY LANCET DUAL
LUPRON DEPOT (3-		MARATHON MEDICAL	USE.....
MONTH).....	39	PENTIPS31GX5MM.....	89
LUPRON DEPOT (4-		MARATHON MEDICAL	MEDICHOICE PRE-SET
MONTH).....	39	PENTIPS31GX8MM.....	SAFETY LANCET LOW
LUPRON DEPOT (6-		MARATHON MEDICAL	FLOW.....
MONTH).....	39	PENTIPS32GX4MM.....	89
LUPRON DEPOT-PED (1-		MARCAINE.....	MEDICHOICE PRE-SET
MONTH).....	72	MARINOL.....	SAFETY LANCET MEDIUM
LUPRON DEPOT-PED (3-		MARPLAN.....	FLOW.....
MONTH).....	72	MARQIBO.....	89
LUTATHERA.....	43	MATULANE.....	MEDICHOICE PRE-SET
LUXIQ.....	67	MAVENCLAD.....	SAFETY LANCET MODERATE
LUZU.....	63	MAVYRET.....	FLOW.....
LYNPARZA.....	42	MAXALT.....	89
LYRICA.....	19	MAXALT-MLT.....	MEDICHOICE SAFETY
LYRICA CR.....	140	MAXI-COMFORT INSULIN	LANCETEXTRA.....
LYSODREN.....	39	SYRINGE/U-	89
LYSTEDA.....	79	100/0.5ML/28GX1/2".....	MEDICHOICE SAFETY
M-M-R II.....	147	MAXI-COMFORT INSULIN	LANCETNORMAL.....
M-NATAL PLUS.....	132	SYRINGE/U-	89
MACROBID.....	12	100/1ML/28GX1/2".....	MEDICINE SHOPPE PEN
MACRODANTIN.....	12	MAXI-COMFORT SAFETY	NEEDLES 29G X 12MM....
mafenide acetate.....	65	PEN NEEDLE/29G X	113
MAGELLAN INSULIN SAFETY		5/16".....	MEDICINE SHOPPE PEN
SYRINGE/U-100/0.3ML/29G X		113	NEEDLES 31G X 6MM.....
1/2".....	113	MAXICOMFORT II PEN	113
MAGELLAN INSULIN SAFETY		NEEDLES/31G X 1/4".....	MEDICINE SHOPPE PEN
SYRINGE/U-100/0.3ML/30G X		113	NEEDLES 31G X 8MM.....
5/16".....	113	MAXIDEX.....	113
MAGELLAN INSULIN SAFETY		MAXIPIME.....	MEDISENSE THIN
SYRINGE/U-100/0.5ML/29G X		MAXITROL.....	LANCETS.....
1/2".....	113	MAXX LUBRICATED.....	89
		MAXX PLUS SPERMICIDE	MEDLANCE PLUS EXTRA
		LUBRICATED.....	LANCETS 21G.....
		MAXZIDE.....	89
		MAXZIDE-25.....	MEDLANCE PLUS
		MAYZENT.....	LANCETS.....
			89
			MEDLANCE PLUS LANCETS
			LITE 25G.....
			89
			MEDLANCE PLUS LITE
			LANCETS 25G.....
			89
			MEDLANCE PLUS SPECIAL
			LANCETS 0.8MM.....
			89
			MEDLANCE PLUS SUPERLITE
			30G.....
			89
			MEDLANCE PLUS SUPERLITE
			30G/COMFORT MAX.....
			89
			MEDLANCE PLUS UNIVERSAL
			LANCETS 21G.....
			89
			MEDLANCE PLUS/LITE
			25G.....
			90
			MEDLANCE/EXTRA.....
			90
			MEDLANCE/LITE.....
			90
			MEDLANCE/UNIVERSAL....
			90
			MEDROL.....
			59
			MEDROL DOSEPAK.....
			59

medroxyprogesterone acetate.....	139	METASTRON.....	43	MICRODOT PEN NEEDLE/31G X 6 MM.....	113
medroxyprogesterone acetate (contraceptive).....	58	metaxalone.....	133	MICRODOT PEN NEEDLE/32G X 4 MM.....	113
mefenamic acid.....	5	metformin hcl.....	25	MICROLET LANCETS.....	90
mefloquine hcl.....	35	methadone hcl.....	7	MICROLET NEXT.....	90
MEGACE ES.....	139	METHADONE HCL.....	7	MICROTAINER SAFETY FLOW LANCET/STERILE/SINGLE-USE	90
megestrol acetate.....	39	methadone hcl.....	7	MICROZIDE.....	71
megestrol acetate (appetite).....	139	METHADOSE.....	7	midodrine hcl.....	148
MEIJER COLOR LANCETS UNIVERSAL 33G.....	90	METHADOSE SUGAR- FREE.....	7	miglitol.....	24
MEIJER LANCETS.....	90	methamphetamine hcl.....	1	miglustat.....	78
MEIJER LANCETS THIN.....	90	methazolamide.....	70	MIGRANAL.....	128
MEIJER LANCETS UNIVERSAL21G.....	90	methenamine hippurate... ..	12	MILLIPRED.....	59
MEIJER LANCETS UNIVERSAL30G.....	90	methimazole.....	142	MILLIPRED DP.....	59
MEIJER LANCETS UNIVERSAL33G.....	90	METHITEST.....	10	MINASTRIN 24 FE.....	57
MEIJER PEN NEEDLES 29G X12MM.....	113	methocarbamol.....	133	MINI LANCING DEVICE.....	90
MEIJER PEN NEEDLES 31G X6MM.....	113	METHOTREXATE.....	4	MINIPRESS.....	32
MEIJER PEN NEEDLES 31G X8MM.....	113	methotrexate sodium.....	37	MINIVELLE.....	74
MEIJER SUPER THIN LANCETS.....	90	methoxsalen rapid.....	65	MINOCIN.....	142
MEKINIST.....	42	methscopolamine bromide.....	143	minocycline hcl.....	142
MEKTOVI.....	42	methyclothiazide.....	71	minoxidil.....	34
meloxicam.....	5	methyldopa.....	32	MIRAPEX.....	46
melphalan.....	36	METHYLIN.....	2	MIRCERA.....	78
melphalan hcl.....	36	methylphenidate hcl.....	2	MIRCETTE.....	57
memantine hcl.....	139	methylprednisolone.....	59	MIRENA.....	58
MENACTRA.....	145	methylprednisolone acetate.....	59	mirtazapine.....	21
MENEST.....	74	methylprednisolone sod succ.....	59	MIRVASO.....	69
MENOSTAR.....	74	metipranolol.....	134	misoprostol.....	144
MENQUADFI.....	145	metoclopramide hcl.....	75	MITIGARE.....	77
MENVEO.....	145	metolazone.....	71	mitomycin.....	41
meperidine hcl.....	7	metoprolol & hydrochlorothiazide.....	33	MITOMYCIN.....	41
meprobamate.....	13	metoprolol succinate.....	53	mitoxantrone hcl.....	41
MEPRON.....	11	metoprolol tartrate.....	53	MM INSULIN SYRINGE/U- 100/0.3ML/30G X 5/16".....	113
mercaptopurine.....	37	METROCREAM.....	69	MM INSULIN SYRINGE/U- 100/0.3ML/31G X 5/16".....	113
meropenem.....	11	METROGEL.....	69	MM INSULIN SYRINGE/U- 100/1/2ML/30G X 5/16".....	113
MERREM.....	11	METROGEL-VAGINAL... ..	147	MM INSULIN SYRINGE/U- 100/1/2ML/31G X 5/16".....	113
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NATAZIA.....	57	KIT.....	141	estradiol-fe.....	57
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NATROBA.....	69	nicotine polacrilex.....	141	(triphasic).....	57
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NUDEXTA.....	141	ONE VITE WOMENS PRENATALVITAMIN PLUS.....	132	OSPHERA.....	72
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nystatin (topical).....	63	ONETOUCH DELICA PLUS LANCING DEVICE.....	90	oxaprozin.....	5
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paroxetine hcl.....	22	PEN NEEDLES/31G X 1/4".....	115	perphenazine.....	48
PASER.....	35	PEN NEEDLES/31G X 3/16".....	115	perphenazine-amitriptyline	140
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PC UNIFINE PENTIPS 31G X6MM ULTRA SHORT.....	115	penicillin v potassium.....	138	phendimetrazine tartrate.....	1
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QUESTRAN.....	30	READYLANC SAFETY LANCETS/23G/1.8MM.....	92	RELION INSULIN SYRINGE/U- 100/0.5ML/29G X 1/2".....	118
QUESTRAN LIGHT.....	30	READYLANC SAFETY LANCETS/26G/1.8MM.....	92	RELION INSULIN SYRINGE/U- 100/0.5ML/30G X 5/16".....	118
quetiapine fumarate.....	48	READYLANC SAFETY LANCETS/28G/1.8MM.....	92	RELION INSULIN SYRINGE/U- 100/0.5ML/31G X 5/16".....	118
quinapril hcl.....	32	READYLANC SAFETY LANCETS/30G/1.6MM.....	92	RELION INSULIN SYRINGE/U- 100/1ML/30G X 5/16".....	118
quinapril-hydrochlorothiazide	33	REALITY INSULIN SYRINGE/U-100/0.5ML/28G X 1/2".....	117	RELION INSULIN SYRINGE/U- 100/1ML/31G X 15/64".....	118
quinidine sulfate.....	13	REALITY INSULIN SYRINGE/U-100/0.5ML/29G X 1/2".....	117	RELION INSULIN SYRINGE/U- 100/1ML/31G X 5/16".....	118
quinine sulfate.....	35	REALITY INSULIN SYRINGE/U-100/1ML/28G X 1/2".....	118	RELION KETONE.....	70
QVAR REDIHALER.....	15	REALITY INSULIN SYRINGE/U-100/1ML/29G X 1/2".....	118	RELION KETONE TEST STRIPS.....	70
RA E-ZJECT COLOR LANCETSMICRO-THIN 33G	91	REALITY LANCETS.....	92	RELION LANCETS MICRO- THIN33G.....	92
RA E-ZJECT LANCETS 28G	91	REALITY LATEX CONDOMS/LUBRICATED	82	RELION LANCETS STANDARD 21G.....	92
RA E-ZJECT LANCETS THIN 26G.....	91	REALITY LATEX/ULTRA TEXTURED.....	82	RELION LANCETS THIN 26G.....	92
RA E-ZJECT LANCETS THIN 28G.....	91	REALITY LATEX/ULTRA THIN.....	82	RELION LANCETS ULTRA- THIN30G.....	92
RA E-ZJECT LANCETS ULTRATHIN 30G.....	92	REALITY TRIGGER LANCETS.....	92	RELION LANCING DEVICE.....	92
RA INSULIN SYRINGE/0.5ML/29G X 1/2".....	117	REBETOL.....	52	RELION MINI PEN NEEDLES 31GX6MM.....	118
RA INSULIN SYRINGE/1ML/29G X 1/2".....	117	REBIF.....	140	RELION PEN NEEDLES 29GX12MM.....	118
RA INSULIN SYRINGE/U- 100/0.5ML/30G X 5/16".....	117	REBIF REBIDOSE.....	140	RELION PEN NEEDLES 31GX5/16".....	118
RA INSULIN SYRINGE/U-100/1 ML/30G X 5/16".....	117	REBIF REBIDOSE TITRATIONPACK.....	140	RELION PEN NEEDLES 31GX6MM.....	118
RA LANCING DEVICE.....	92	REBIF TITRATION PACK	140	RELION PEN NEEDLES 32G X5/32".....	118
RA PEN NEEDLES 31G X 5MM3/16".....	117	RECLAST.....	71	RELION PEN NEEDLES 32GX4MM.....	118
RA PEN NEEDLES 31G X 8MM5/16".....	117	RECOMBIVAX HB.....	147		

RELION PEN NEEDLES/31G X1/4"	118	rifabutin	35	SABRIL	20
RELION SHORT PEN NEEDLES31GX8MM	118	RIFADIN	35	SAFE-T-LANCE LOW FLOW 25G	92
RELION ULTRA THIN LANCETS/30G	92	RIFAMATE	35	SAFE-T-LANCE NORMAL FLOW21G	92
RELION ULTRA THIN LANCETS30G	92	rifampin	35	SAFE-T-LANCE PLUS SAFETYLANCET HIGH FLOW	92
RELION ULTRA THIN PLUS LANCETS 32G	92	RIFATER	35	SAFE-T-LANCE PLUS SAFETYLANCET LOW FLOW	92
RELION ULTRA THIN PLUS LANCETS 33G	92	RIGHT STEP PRENATAL	133	SAFE-T-LANCE PLUS SAFETYLANCET NORMAL FLOW	92
RELISTOR	76	RIGHTTEST GD500 LANCING DEVICE	92	SAFESNAP INSULIN SYRINGE/0.3ML/30G X 5/16"	118
RELPAK	128	RIGHTTEST GL300 LANCETS	92	SAFESNAP INSULIN SYRINGE/0.5ML/29G X 1/2"	118
REMERON	21	RILUTEK	134	SAFESNAP INSULIN SYRINGE/0.5ML/30G X 5/16"	118
REMERON SOLTAB	21	riluzole	134	SAFESNAP INSULIN SYRINGE/1ML/28G X 1/2"	118
REMICADE	76	rimantadine hydrochloride	53	SAFESNAP INSULIN SYRINGE/1ML/29G X 1/2"	118
REMODULIN	55	ringer's	130	SAFETY INSULIN SYRINGES 0.5ML/29GX1/2"	118
RENFLEXIS	76	ringer's irrigation	131	SAFETY INSULIN SYRINGES 0.5ML/30GX5/16"	118
REVELA	76	RINVOQ	4	SAFETY INSULIN SYRINGES 1ML/27GX1/2"	118
REOPRO	78	risedronate sodium	71	SAFETY INSULIN SYRINGES 1ML/29GX1/2"	118
repaglinide	26	RISPERDAL	47	SAFETY INSULIN SYRINGES 1ML/30GX1/2"	118
repaglinide-metformin hcl	24	RISPERDAL CONSTA	47	SAFETY LANCET 21G/PRESSURE ACTIVATED	92
REPATHA	31	risperidone	47	SAFETY LANCET 23G/PRESSURE ACTIVATED	92
REPATHA SURECLICK	31	RITALIN	3	SAFETY LANCET 28G/PRESSURE ACTIVATED	92
REQUIP	46	RITALIN LA	3	SAFETY LANCETS	92
REQUIP XL	46	ritonavir	50	SAFETY LANCETS 21G	92
RESCRIPTOR	50	RITUXAN	38	SAFETY LANCETS 28G	92
RESECTISOL	76	RITUXAN HYCELA	41	SAFETY LET LANCETS	92
RESTASIS	135	rivastigmine tartrate	139	SAFETY SEAL LANCETS 28G	92
RESTASIS MULTIDOSE	135	rizatriptan benzoate	128	SAFETY SEAL LANCETS 30G	92
RESTORIL	79	ROBAXIN	133		
RETACRIT	79	ROBAXIN-750	133		
RETEVMO	42	ROCALTROL	73		
RETIN-A	61	ROMIDEPSIN	42		
RETIN-A MICRO	62	ropinirole hydrochloride	46		
RETIN-A MICRO PUMP	62	rosuvastatin calcium	31		
RETROVIR	50	ROTARIX	147		
RETROVIR IV INFUSION	50	ROTATEQ	147		
REVATIO	55	ROXICET	9		
REVLIMID	130	ROXICODONE	8		
REXALL LANCETS ULTRA THIN	92	ROZEREM	80		
REXULTI	49	ROZLYTREK	42		
REYATAZ	50	RUBRACA	42		
RIBASPHERE	52	RUCONEST	77		
RIBASPHERE RIBAPAK	52	rufinamide	19		
ribavirin (hepatitis c)	52	RUXIENCE	38		
RIDAURA	4	RUZURGI	35		
		RYDAPT	42		
		RYTHMOL SR	14		

SAFYRAL.....	58	SEROQUEL XR.....	48	SILVADENE.....	65
SAIZEN.....	72	SEROSTIM.....	72	silver sulfadiazine.....	65
SAIZENPREP		sertraline hcl.....	23	SIMBRINZA.....	135
RECONSTITUTIONKIT.....	72	sevelamer carbonate.....	76	SIMCOR.....	31
SALAGEN.....	132	SHINGRIX.....	147	SIMPLE DIAGNOSTICS	
salsalate.....	6	SHOPKO AUTOLET LANCING		LANCING DEVICE.....	93
SAMSCA.....	74	DEVICE.....	93	SIMPONI.....	4
SANDIMMUNE.....	131	SHOPKO ON-THE-GO		SIMPONI ARIA.....	4
SANDOSTATIN.....	73	COMFORTLANCETS 30G.....	93	SIMULECT.....	131
SANTYL.....	68	SHOPKO UNIFINE PENTIPS		simvastatin.....	31
SAPHRIS.....	48	PEN		SINEMET.....	46
sapropterin dihydrochloride.....	73	NEEDLES/MICRO/32GX4MM		SINEMET CR.....	46
SAPS HEALTH CARE TWIST		.....	119	SINGLE-LET.....	93
TOP LANCETS.....	93	SHOPKO UNIFINE PENTIPS		SINGULAIR.....	14
SAPS HEALTH TWIST TOP		PEN		sirolimus.....	131
LANCETS 30G.....	93	NEEDLES/MINI/31GX5MM		SIRTURO.....	36
SAPSCARE TWIST TOP		.....	119	SIVEXTRO.....	12
LANCETS 30G.....	93	SHOPKO UNIFINE PENTIPS		SKELAXIN.....	133
SARCLISA.....	38	PEN		SKLICE.....	69
SAVELLA.....	140	NEEDLES/ORIGINAL/29GX12		SKYLA.....	58
SAVELLA TITRATION		MM.....	119	SKYRIZI.....	65
PACK.....	140	SHOPKO UNIFINE PENTIPS		SLO-NIACIN.....	148
SB INSULIN SYRINGE/U-		PEN		SLYND.....	58
100/0.5ML/29G X 1/2".....	119	NEEDLES/SHORT/31GX8MM		SM MICRO THIN LANCETS	
SB INSULIN SYRINGE/U-		.....	119	33G.....	93
100/0.5ML/30G X 5/16".....	119	SHOPKO UNIFINE PENTIPS		SM PRENATAL VITAMINS.....	133
SB INSULIN SYRINGE/U-		PLUS PEN		SM TRUEDRAW LANCING	
100/1ML/29G X 1/2".....	119	NEEDLES/MICRO/REMOVR/3		DEVICE.....	93
SB INSULIN SYRINGE/U-		2GX4MM.....	119	SMART DIABETES VANTAGE	
100/1ML/30G X 5/16".....	119	SHOPKO UNIFINE PENTIPS		LANCING DEVICE.....	93
SB INSULIN SYRINGE/U-		PLUS PEN		SMART SENSE COLOR	
100/1ML/31G X 5/16".....	119	NEEDLES/MINI/REMOVER/31		LANCETS UNIVERSAL 33G.....	93
SB LANCETS THIN.....	93	GX5MM.....	119	SMART SENSE STANDARD	
SB LANCETS ULTRA THIN.....	93	SHOPKO UNIFINE PENTIPS		LANCETS UNIVERSAL 21G.....	93
SCLEROSOL		PLUS PEN		SMART SENSE SUPER THIN	
INTRAPLEURAL.....	141	NEEDLES/REMOVER/29GX12		LANCETS UNIVERSAL 30G.....	93
scopolamine.....	27	MM.....	119	SMART SENSE THIN	
SEASONIQUE.....	58	SHOPKO UNIFINE PENTIPS		LANCETSUNIVERSAL 26G.....	93
SECURESAFE SAFETY		PLUS PEN		SMARTEST LANCETS 28G.....	93
INSULIN SYRINGES/U-		NEEDLES/SHORT/REMOVR/3		SODIUM ACETATE.....	129
100/0.5ML/29GX1/2".....	119	1GX8MM.....	119	sodium acetate.....	129
SECURESAFE SAFETY		SHOPKO UNILET LANCETS		sodium chloride.....	130
INSULIN SYRINGES/U-		SUPER THIN 30G.....	93	sodium chloride (gu irrigant).....	76
100/1ML/29GX1/2".....	119	SHOPKO UNILET LANCETS		sodium chloride (inhalant).....	60
SEGLUROMET.....	24	ULTRA THIN 28G.....	93	sodium citrate & citric acid.....	76
SELECT-LITE LANCING		SHUR-SEAL.....	147	sodium phenylbutyrate.....	73
DEVICE.....	93	SIDE BUTTON SAFETY		sodium polystyrene	
selegiline hcl.....	47	LANCET21G.....	93	sulfonate.....	131
selenium sulfide.....	65	SIGNIFOR.....	73	SOFOSBUVIR/VELPATASVIR	
SELZENTRY.....	50	sildenafil citrate.....	55	.....	52
SENSIPAR.....	73	sildenafil citrate (pulmonary			
SEREVENT DISKUS.....	16	hypertension).....	55		
SEROQUEL.....	48	SILENOR.....	79		
		SILIQ.....	65		
		silodosin.....	77		

solifenacin succinate.....	144	STERILANCE TL.....	93	SURE COMFORT INSULIN	
SOLIRIS.....	77	STERILE TALC		SYRINGE/U-100/0.3ML/31G X	
SOLOSEC.....	3	POWDER.....	141	5/16".....	119
SOLTAMOX.....	40	STIMATE.....	73	SURE COMFORT INSULIN	
SOLU-CORTEF.....	59	STIVARGA.....	42	SYRINGE/U-100/0.5ML/28G X	
SOLU-MEDROL.....	59	STRATTERA.....	2	1/2".....	119
SOLUS V2 LANCING		streptomycin sulfate.....	3	SURE COMFORT INSULIN	
DEVICE.....	93	STRIBILD.....	50	SYRINGE/U-100/0.5ML/29G X	
SOLUS V2 PRESSURE		STRIVERDI RESPIMAT...	16	1/2".....	119
ACTIVATED SAFETY LANCETS		STROMECTOL.....	11	SURE COMFORT INSULIN	
28G.....	93	STRONTIUM CHLORIDE SR-		SYRINGE/U-100/0.5ML/30G X	
SOLUS V2 TWIST LANCETS		89.....	43	1/2".....	119
30G.....	93	SUBOXONE.....	10	SURE COMFORT INSULIN	
SOMA.....	133	SUBSYS.....	8	SYRINGE/U-100/0.5ML/31G X	
SOMATULINE DEPOT.....	74	SUCRAID.....	70	5/16.....	119
SOMAVERT.....	72	sucralfate.....	143	SURE COMFORT INSULIN	
SOOLANTRA.....	69	SULAR.....	54	SYRINGE/U-100/1ML/28G X	
SORBITOL.....	76	sulconazole nitrate.....	64	1/2".....	119
SORBITOL-MANNITOL.....	76	sulfacetamide sodium		SURE COMFORT INSULIN	
SORBITOL/MANNITOL		(acne).....	62	SYRINGE/U-100/1ML/29G X	
IRRIGATION.....	76	sulfacetamide sodium		1/2".....	120
SORIATANE.....	65	(ophth).....	135	SURE COMFORT INSULIN	
sotalol hcl.....	53	sulfacetamide sodium w/		SYRINGE/U-100/1ML/30G X	
sotalol hcl (afib/afl).....	53	sulfur.....	62	1/2".....	120
SOVALDI.....	52	sulfacetamide sodium-sulfur in		SURE COMFORT INSULIN	
spinosad.....	69	urea vehicle.....	62	SYRINGE/U-100/1ML/30G X	
SPIRIVA HANDIHALER.....	14	SULFADIAZINE.....	141	5/16".....	120
SPIRIVA RESPIMAT.....	14	sulfamethoxazole-trimethoprim		SYRINGE/U-100/1ML/31G X	
spironolactone.....	70	.....	11	5/16".....	120
spironolactone &		SULFAMYLON.....	65	SURE COMFORT LANCETS	
hydrochlorothiazide.....	70	sulfasalazine.....	76	18G.....	93
SPORANOX.....	28	sulindac.....	5	SURE COMFORT LANCETS	
SPORANOX PULSEPAK.....	28	SUMADAN WASH.....	62	21G.....	93
SPRAVATO 56MG DOSE...	22	sumatriptan.....	129	SURE COMFORT LANCETS	
SPRAVATO 84MG DOSE...	22	sumatriptan succinate...	129	23G.....	93
SPRYCEL.....	42	SUNOSI.....	2	SURE COMFORT LANCETS	
STALEVO 100.....	46	SUPER THIN LANCETS...	93	28G.....	93
STALEVO 125.....	46	SUPRAX.....	56	SURE COMFORT LANCETS	
STALEVO 150.....	46	SUPREP BOWEL PREP		30G.....	93
STALEVO 200.....	46	KIT.....	80	SURE COMFORT LANCING	
STALEVO 50.....	46	SURE COMFORT INSULIN		PEN.....	93
STALEVO 75.....	47	SYRINGE/U-100/0.3ML/29G X		SURE COMFORT PEN	
stannous fluoride.....	132	1/2".....	119	NEEDLES29GX1/2"	
STARLIX.....	26	SURE COMFORT INSULIN		12.7MM.....	120
stavudine.....	50	SYRINGE/U-100/0.3ML/30G X		SURE COMFORT PEN	
STEGLATRO.....	26	1/2".....	119	NEEDLES30GX5/16"	
STELARA.....	65,76	SURE COMFORT INSULIN		SHORT.....	120
STENDRA.....	55	SYRINGE/U-100/0.3ML/30G X		SURE COMFORT PEN	
		5/16".....	119	NEEDLES31GX3/16"	
		SURE COMFORT INSULIN		(5MM).....	120
		SYRINGE/U-100/0.3ML/31G X		SURE COMFORT PEN	
		5/16.....	119	NEEDLES31GX5/16"	
				(8MM).....	120
				SURE COMFORT PEN	
				NEEDLES32GX5/32".....	120

SURE COMFORT PEN NEEDLES32GX6MM.....	120	SYLVANT.....	131	TAZORAC.....	65
SURE-FINE PEN NEEDLES 29GX1/2" 12.7MM.....	120	SYMBICORT.....	16	TAZVERIK.....	43
SURE-FINE PEN NEEDLES 31GX3/16" 5MM.....	120	SYMFI.....	51	TECARTUS.....	39
SURE-FINE PEN NEEDLES 31GX5/16" 8MM.....	120	SYMFI LO.....	51	TECENTRIQ.....	38
SURE-JECT INSULIN SYRINGE/U-100/0.3ML/29G X 1/2".....	120	SYMLINPEN 120.....	24	TECFIDERA.....	140
SURE-JECT INSULIN SYRINGE/U-100/0.3ML/30G X 5/16".....	120	SYMLINPEN 60.....	24	TECFIDERA STARTER PACK.....	140
SURE-JECT INSULIN SYRINGE/U-100/0.3ML/31G X 5/16".....	120	SYMTUZA.....	51	TECHLITE AST LANCETS ..	93
SURE-JECT INSULIN SYRINGE/U-100/0.5ML/28G X 1/2".....	120	SYNALAR.....	67	TECHLITE INSULIN SYRINGEU- 100/0.3ML/29G X 1/2"	120
SURE-JECT INSULIN SYRINGE/U-100/0.5ML/29G X 1/2".....	120	SYNAREL.....	72	TECHLITE INSULIN SYRINGEU- 100/0.3ML/30G X 1/2"	120
SURE-JECT INSULIN SYRINGE/U-100/0.5ML/30G X 5/16".....	120	SYNERA.....	69	TECHLITE INSULIN SYRINGEU- 100/0.3ML/30G X 5/16"	120
SURE-JECT INSULIN SYRINGE/U-100/0.5ML/31G X 5/16".....	120	SYNJARDY.....	24	TECHLITE INSULIN SYRINGEU- 100/0.3ML/31G X 5/16"	120
SURE-JECT INSULIN SYRINGE/U-100/0.5ML/28G X 1/2".....	120	SYNJARDY XR.....	24	TECHLITE INSULIN SYRINGEU- 100/0.5ML/29G X 1/2"	121
SURE-JECT INSULIN SYRINGE/U-100/0.5ML/30G X 5/16".....	120	SYNRIBO.....	44	TECHLITE INSULIN SYRINGEU- 100/0.5ML/30G X 1/2"	121
SURE-JECT INSULIN SYRINGE/U-100/0.5ML/31G X 5/16".....	120	SYNTHROID.....	142	TECHLITE INSULIN SYRINGEU- 100/0.5ML/30G X 5/16"	121
SURE-JECT INSULIN SYRINGE/U-100/1ML/28G X 1/2".....	120	SYPRINE.....	130	TECHLITE INSULIN SYRINGEU- 100/0.5ML/31G X 5/16"	121
SURE-JECT INSULIN SYRINGE/U-100/1ML/29G X 1/2".....	120	TABLOID.....	37	TECHLITE INSULIN SYRINGEU- 100/1ML/29G X 1/2"	121
SURE-JECT INSULIN SYRINGE/U-100/1ML/30G X 5/16".....	120	TABRECTA.....	43	TECHLITE INSULIN SYRINGEU- 100/1ML/30G X 1/2"	121
SURE-JECT INSULIN SYRINGE/U-100/1ML/31G X 5/16".....	120	TACLONEX.....	68	TECHLITE INSULIN SYRINGEU- 100/1ML/30G X 5/16"	121
SURE-LANCE FLAT LANCETS.....	93	tacrolimus.....	131	TECHLITE INSULIN SYRINGEU- 100/1ML/31G X 15/64"	121
SURE-LANCE LANCETS 26G.....	93	tacrolimus (topical).....	68	TECHLITE INSULIN SYRINGEU- 100/1ML/31G X 5/16"	121
SURE-LANCE THIN LANCETS 28G.....	93	tadalafil.....	55	TECHLITE LANCETS.....	94
SURE-LANCE ULTRA THIN LANCETS.....	93	tadalafil (pulmonary hypertension).....	55	TECHLITE LANCETS 30G ..	93
SURE-PEN.....	93	TAFINLAR.....	43	TECHLITE PEN NEEDLES 29GX 12 MM.....	121
SURE-TOUCH LANCETS UNIVERSAL.....	93	TAGAMET HB.....	143	TECHLITE PEN NEEDLES 31GX 5MM.....	121
SURELITE LANCETS.....	93	TAGRISO.....	43	TECHLITE PEN NEEDLES/31GX 5MM.....	121
SURMONTIL.....	24	TAKHZYRO.....	77	TECHLITE PEN NEEDLES/31GX 6 MM.....	121
SUSTIVA.....	50	TALTZ.....	65	TECHLITE PEN NEEDLES/31GX 8MM.....	121
SUTENT.....	43	TALZENNA.....	43	TECHLITE PEN NEEDLES/32GX 4MM.....	121
SYLATRON.....	44	TAMIFLU.....	53	TECHLITE PEN NEEDLES/32GX 6MM.....	121
		tamoxifen citrate.....	40	TEFLARO.....	56
		tamsulosin hcl.....	77	TEGRETOL.....	19
		TANZEUM.....	25	TEGRETOL-XR.....	19
		TAPAZOLE.....	142	TEGSEDI.....	141
		TARCEVA.....	43	TEKTURNA.....	34
		TARGADOX.....	142		
		TARGRETIN.....	44,64		
		TARKA.....	33		
		TASIGNA.....	43		
		TASMAR.....	46		
		tavaborole.....	64		
		TAVALISSE.....	77		
		TAXOL.....	45		
		TAXOTERE.....	45		
		TAYTULLA.....	58		
		tazarotene.....	65		

telmisartan.....	32	tigecycline.....	142	TOPCARE ULTRA COMFORT	
telmisartan-amlodipine.....	33	TIGECYCLINE.....	142	INSULIN SYRINGE/0.3ML/30G X	
telmisartan-hydrochlorothiazide		TIKOSYN.....	14	5/16".....	121
.....	33	timolol maleate.....	53	TOPCARE ULTRA COMFORT	
temazepam.....	79	timolol maleate (ophth)....	134	INSULIN SYRINGE/0.3ML/31G X	
TEMIXYS.....	51	TIMOPTIC.....	135	5/16".....	121
TEMODAR.....	36	TIMOPTIC-XE.....	135	TOPCARE ULTRA COMFORT	
TEMOVATE.....	68	TIVICAY.....	51	INSULIN SYRINGE/0.5ML/30G X	
temozolomide.....	36	tizanidine hcl.....	133	5/16".....	121
temsirolimus.....	43	TOBI.....	3	TOPCARE ULTRA COMFORT	
TENIPOSIDE.....	45	TOBRADEX.....	136	INSULIN SYRINGE/1ML/30G X	
tenofovir disoproxil fumarate	51	tobramycin.....	3	5/16".....	121
TENORETIC 100.....	33	tobramycin (ophth).....	135	TOPCARE ULTRA COMFORT	
TENORETIC 50.....	34	tobramycin sulfate.....	3	INSULIN SYRINGE/1ML/31G X	
TENORMIN.....	53	tobramycin-		5/16".....	121
TEPADINA.....	36	dexamethasone.....	136	TOPCARE ULTRA COMFORT	
terazosin hcl.....	32	TOBREX.....	135	INSULIN SYRINGE/U-	
terbinafine hcl.....	28	TODAY SPONGE.....	147	100/0.3ML/29G X 1/2".....	121
terbutaline sulfate.....	16	TODAYS HEALTH ADVANCED		TOPCARE ULTRA COMFORT	
terconazole vaginal.....	147	LANCING DEVICE.....	94	INSULIN SYRINGE/U-	
TESSALON PERLES.....	60	TODAYS HEALTH MINI PEN		100/0.5ML/29G X 1/2".....	122
TESTIM.....	10	NEEDLES 31G X 1/4".....	121	TOPCARE ULTRA COMFORT	
TESTOSTERONE		TODAYS HEALTH ORIGINAL		INSULIN SYRINGE/U-	
CYPIONATE.....	10	PEN NEEDLES 29G X		100/1ML/29G X 1/2".....	122
testosterone cypionate.....	10	1/2".....	121	TOPICORT.....	68
testosterone enanthate.....	10	TODAYS HEALTH SHORT		topiramate.....	20
tetrabenazine.....	140	PEN NEEDLES 31G X		TOPOTECAN HCL.....	45
tetracycline hcl.....	142	5/16".....	121	topotecan hcl.....	45
TGT LANCET MICRO THIN		TODAYS HEALTH SUPER		TOPROL XL.....	53
33G.....	94	THINLANCETS 30G.....	94	toremifene citrate.....	40
TGT LANCET THIN 26G....	94	TODAYS HEALTH ULTRA		TORISEL.....	43
TGT LANCET ULTRA THIN		THINLANCETS 28G.....	94	torsemide.....	70
30G.....	94	TOFRANIL.....	24	TOTECT.....	44
TGT LANCING DEVICE.....	94	tolazamide.....	26	TOVIAZ.....	144
THALOMID.....	130	tolbutamide.....	26	TRACLEER.....	55
theophylline.....	16	tolcapone.....	46	TRADJENTA.....	25
THERANATAL CORE		tolmetin sodium.....	5	tramadol hcl.....	8
NUTRITION.....	133	TOLSURA.....	28	tramadol-acetaminophen.....	9
THINLETS GP LANCETS...	94	tolterodine tartrate.....	144	trandolapril.....	32
thioridazine hcl.....	48	tolvaptan.....	74	trandolapril-verapamil hcl....	34
thiotepa.....	36	TOPAMAX.....	20	tranexamic acid.....	79
thiothixene.....	49	TOPAMAX SPRINKLE. 19,20		TRANSDERM SCOP.....	27
THYMOGLOBULIN.....	131	TOPCARE CLICKFINE		TRANSDERM-SCOP.....	27
thyroid.....	142	UNIVERSAL PEN EEDLES		TRANXENE T.....	13
tiagabine hcl.....	20	31GX1/4".....	121	tranylcypromine sulfate.....	22
TIAZAC.....	54	TOPCARE CLICKFINE		TRAVATAN Z.....	137
TIBSOVO.....	43	UNIVERSAL PEN EEDLES		TRAVEL LANCETS 30G.....	94
TIGAN.....	27	31GX5/16".....	121	TRAVEL LANCETS ADVANCED	
		TOPCARE LANCETS MICRO-		28G.....	94
		THIN 33G.....	94		

travoprost.....	137	tropicamide.....	135	TRUEPLUS INSULIN	
TRAZIMERA.....	38	trospium chloride....	144,145	SYRINGE/U-100/1ML/29G X	
trazodone hcl.....	23	TRUE COMFORT INSULIN		1/2".....	122
TREANDA.....	36	SYRINGE/0.5ML/31G X		TRUEPLUS INSULIN	
TRECATOR.....	36	5/16".....	122	SYRINGE/U-100/1ML/30G X	
TRELEGY ELLIPTA.....	16	TRUE COMFORT INSULIN		5/16".....	122
TRELSTAR MIXJECT.....	40	SYRINGE/1ML/31G X		TRUEPLUS INSULIN	
TREMFYA.....	65	5/16".....	122	SYRINGE/U-100/1ML/31G X	
treprostinil.....	55	TRUE COMFORT PEN		5/16".....	122
TRESIBA.....	26	NEEDLES31G X 5MM....	122	TRUEPLUS LANCETS 26G	94
TRESIBA FLEXTOUCH.....	26	TRUE COMFORT PEN		TRUEPLUS LANCETS 28G	94
tretinoin.....	62	NEEDLES31G X 6MM....	122	TRUEPLUS LANCETS 28G	
tretinoin (chemotherapy).....	44	TRUE COMFORT PEN		SUPER THIN.....	94
tretinoin microsphere.....	62	NEEDLES32G X 4MM....	122	TRUEPLUS LANCETS 30G	94
TREXALL.....	37	TRUE COMFORT TWIST TOP		TRUEPLUS LANCETS 30G	
TRI-NORINYL 28.....	58	LANCETS 30G.....	94	ULTRA THIN.....	94
triamcinolone acetonide.....	59	TRUE METRIX BLOOD		TRUEPLUS LANCETS 33G	94
triamcinolone acetonide		GLUCOSETEST STRIPS...70		TRUEPLUS LANCETS 33G	
(mouth).....	132	TRUE METRIX CONTROL		MICRO THIN.....	94
triamcinolone acetonide		SOLUTION LEVEL 3.....	94	TRUEPLUS PEN NEEDLES	
(nasal).....	134	TRUEDRAW LANCING		29GX12MM.....	122
triamcinolone acetonide		DEVICE.....	94	TRUEPLUS PEN NEEDLES	
(topical).....	68	TRUEPLUS 5-BEVEL PEN		31GX5MM.....	122
triamcinolone acetonide-		NEEDLES 29GX12.7MM	122	TRUEPLUS PEN NEEDLES	
dimethicone-silicone.....	68	TRUEPLUS 5-BEVEL PEN		31GX6MM.....	122
triamterene.....	70	NEEDLES 31GX5MM....	122	TRUEPLUS PEN NEEDLES	
triamterene &		TRUEPLUS 5-BEVEL PEN		31GX8MM.....	122
hydrochlorothiazide.....	70	NEEDLES 31GX6MM....	122	TRUEPLUS PEN NEEDLES	
triazolam.....	79	TRUEPLUS 5-BEVEL PEN		32GX4MM.....	122
TRIBENZOR.....	34	NEEDLES 31GX8MM....	122	TRUEPLUS SAFETY LANCETS	
TRICARE.....	133	TRUEPLUS 5-BEVEL PEN		28G.....	94
TRICOR.....	31	NEEDLES 32GX4MM....	122	TRUETRACK TEST.....	70
TRIDESILON.....	68	TRUEPLUS INSULIN		TRULICITY.....	25
trientine hcl.....	130	SYRINGE/U-100/0.3ML/29G X		TRUSOPT.....	137
trifluoperazine hcl.....	48	1/2".....	122	TRUSTEX COLOR CONDOMS +	
trifluridine.....	135	TRUEPLUS INSULIN		LUBE.....	82
trihexyphenidyl hcl.....	45	SYRINGE/U-100/0.3ML/30G X		TRUSTEX LUBRICATED....	82
TRIKAFTA.....	141	5/16".....	122	TRUSTEX LUBRICATED	
TRILEPTAL.....	20	TRUEPLUS INSULIN		EXTRALARGE.....	82
trimethobenzamide hcl.....	27	SYRINGE/U-100/0.5ML/28G X		TRUSTEX LUBRICATED	
trimethoprim.....	11	1/2".....	122	EXTRASTRENGTH.....	82
trimipramine maleate.....	24	TRUEPLUS INSULIN		TRUSTEX	
TRINTELLIX.....	23	SYRINGE/U-100/0.5ML/29G X		LUBRICATED/RIBBED/STUDDE	
TRIOSTAT.....	142	1/2".....	122	D.....	82
TRISENOX.....	44	TRUEPLUS INSULIN		TRUSTEX	
TRIUMEQ.....	51	SYRINGE/U-100/0.5ML/30G X		LUBRICATED/SPERMICIDE	
TRIZIVIR.....	51	5/16".....	122	.....	82
TRODELVY.....	38	TRUEPLUS INSULIN		TRUSTEX	
		SYRINGE/U-100/1ML/28G X		LUBRICATED/SPERMICIDE	
		1/2".....	122	EXTRA LARGE.....	82
				TRUSTEX	
				LUBRICATED/SPERMICIDE	
				EXTRA STRENGTH.....	82
				TRUSTEX NATURAL	
				CONDOMS	
				+LUBE/LUBRICATED.....	82

TRUSTEX WITH NONOXYNOL-9/RIBBED/STUDDED	82	ULTICARE INSULIN SYRINGE/0.5ML/30G X 5/16"	123	ULTICARE INSULIN SYRINGE/ULTRAFINE U-100/1ML/31G X 5/16"	123
TRUSTEX/RIA LUBRICATED	82	ULTICARE INSULIN SYRINGE/1ML/28G X 1/2"	123	ULTICARE MICRO PEN NEEDLES 31G X 8MM	124
TRUSTEX/RIA LUBRICATED SPERMICIDE	82	ULTICARE INSULIN SYRINGE/1ML/29G X 1/2"	123	ULTICARE MICRO PEN NEEDLES 32G X 4MM	124
TRUSTEX/RIA LUBRICATED/SPERMICIDE	82	ULTICARE INSULIN SYRINGE/1ML/30G X 1/2"	123	ULTICARE MICRO PEN NEEDLES/31G X 1/4"	124
TRUVADA	51	ULTICARE INSULIN SYRINGE/1ML/30G X 1/2"	123	ULTICARE MICRO PEN NEEDLES/31G X 5/16"	124
TRUXIMA	38	ULTICARE INSULIN SYRINGE/1ML/30G X 5/16"	123	ULTICARE MICRO PEN NEEDLES/32G X 4MM	124
TUKYSA	43	ULTICARE INSULIN SYRINGE/SHORT/0.3ML/30G X 5/16"	123	ULTICARE MICRO PEN NEEDLES/32G X 5/32"	124
TURALIO	43	ULTICARE INSULIN SYRINGE/SHORT/0.3ML/31G X 5/16"	123	ULTICARE MINI PEN NEEDLES 31GX6MM	124
TWINRIX	147	ULTICARE INSULIN SYRINGE/SHORT/0.5ML/30G X 5/16"	123	ULTICARE MINI PEN NEEDLES 31GX6MM	124
TWYNSTA	34	ULTICARE INSULIN SYRINGE/SHORT/0.5ML/31G X 5/16"	123	ULTI-FINE IV	124
TYBLUME	58	ULTICARE INSULIN SYRINGE/SHORT/1ML/30G X 5/16"	123	ULTICARE MINI PEN NEEDLES/31G X 6MM	124
TYBOST	51	ULTICARE INSULIN SYRINGE/SHORT/1ML/31G X 5/16"	123	ULTICARE MINI PEN NEEDLES/32G X 1/4"	124
TYGACIL	142	ULTICARE INSULIN SYRINGE/SHORT/1ML/31G X 5/16"	123	ULTICARE MINI PEN NEEDLES31GX6MM	124
TYKERB	43	ULTICARE INSULIN SYRINGE/U-100/0.3ML/30G X 1/2"	123	ULTICARE ORIGINAL PEN NEEDLES ULTI-FINE	124
TYLENOL/CODEINE #3	9	ULTICARE INSULIN SYRINGE/U-100/0.3ML/31G X 5/16"	123	ULTICARE PEN NEEDLES 31GX 5MM	124
TYLENOL/CODEINE #4	9	ULTICARE INSULIN SYRINGE/U-100/0.5ML/30G X 1/2"	123	ULTICARE PEN NEEDLES 31GX 5MM/MINI	124
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TYSABRI	140	ULTICARE INSULIN SYRINGE/U-100/1ML/30G X 1/2"	123	ULTICARE SHORT PEN NEEDLES 31GX8MM	124
UCERIS	10	ULTICARE INSULIN SYRINGE/U-100/1ML/31G X 5/16"	123	ULTICARE SHORT PEN NEEDLES ULTI-FINE IV	124
UDENYCA	79	ULTICARE INSULIN SYRINGE/ULTRAFINE U-100/0.3ML/31G X 5/16"	123	ULTICARE SHORT PEN NEEDLES/31G X 8MM	124
ULESFIA	69	ULTICARE INSULIN SYRINGE/ULTRAFINE U-100/0.5ML/31G X 5/16"	123	ULTIGUARD	
ULORIC	77	ULTICARE INSULIN SYRINGE/ULTRAFINE U-100/0.5ML/31G X 5/16"	123	SAFEPACK/MICROPEN	
ULTI-LANCE AUTOMATIC/CLEAR TIP	94	ULTICARE INSULIN SYRINGE/ULTRAFINE U-100/0.5ML/31G X 5/16"	123	NEEDLE/32G X 5/32"/SHARPS	
ULTICARE INSULIN SAFETY SYRINGE/0.5ML/29G X 1/2"	123	ULTICARE INSULIN SYRINGE/ULTRAFINE U-100/0.5ML/31G X 5/16"	123	CONTA	124
ULTICARE INSULIN SAFETY SYRINGE/1ML/29G X 1/2"	123	ULTICARE INSULIN SYRINGE/ULTRAFINE U-100/0.5ML/31G X 5/16"	123	ULTIGUARD SAFEPACK/MINI	
ULTICARE INSULIN SYRINGE/0.3ML/29G X 1/2"	123	ULTICARE INSULIN SYRINGE/ULTRAFINE U-100/0.5ML/31G X 5/16"	123	PEN NEEDLE/31G X 1/4"/SHARPS CONTAIN	124
ULTICARE INSULIN SYRINGE/0.3ML/30G X 1/2"	123	ULTICARE INSULIN SYRINGE/ULTRAFINE U-100/0.5ML/31G X 5/16"	123	ULTIGUARD SAFEPACK/MINI	
ULTICARE INSULIN SYRINGE/0.3ML/30G X 5/16"	123	ULTICARE INSULIN SYRINGE/ULTRAFINE U-100/0.5ML/31G X 5/16"	123	PEN NEEDLE/31G X 3/16"/SHARPS CONTAI	124
ULTICARE INSULIN SYRINGE/0.3ML/30G X 1/2"	123	ULTICARE INSULIN SYRINGE/ULTRAFINE U-100/0.5ML/31G X 5/16"	123	ULTIGUARD SAFEPACK/MINI	
ULTICARE INSULIN SYRINGE/0.5ML/28G X 1/2"	123	ULTICARE INSULIN SYRINGE/ULTRAFINE U-100/0.5ML/31G X 5/16"	123	PEN NEEDLE/32G X 1/4"/SHARPS CONTAIN	124
ULTICARE INSULIN SYRINGE/0.5ML/29G X 1/2"	123	ULTICARE INSULIN SYRINGE/ULTRAFINE U-100/0.5ML/31G X 5/16"	123	ULTIGUARD	
ULTICARE INSULIN SYRINGE/0.5ML/30G X 1/2"	123	ULTICARE INSULIN SYRINGE/ULTRAFINE U-100/0.5ML/31G X 5/16"	123	SAFEPACK/SHORTPEN	
ULTICARE INSULIN SYRINGE/0.5ML/30G X 1/2"	123	ULTICARE INSULIN SYRINGE/ULTRAFINE U-100/0.5ML/31G X 5/16"	123	NEEDLE/31G X 5/16"/SHARPS	
ULTICARE INSULIN SYRINGE/0.5ML/30G X 1/2"	123	ULTICARE INSULIN SYRINGE/ULTRAFINE U-100/0.5ML/31G X 5/16"	123	CONTA	124
ULTICARE INSULIN SYRINGE/0.5ML/30G X 1/2"	123	ULTICARE INSULIN SYRINGE/ULTRAFINE U-100/0.5ML/31G X 5/16"	123	ULTILET CLASSIC	
ULTICARE INSULIN SYRINGE/0.5ML/30G X 1/2"	123	ULTICARE INSULIN SYRINGE/ULTRAFINE U-100/0.5ML/31G X 5/16"	123	LANCETS	94

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ULTILET INSULIN SYRINGE/0.3ML/31G X 8MM.....124	ULTRA FLO INSULIN PEN NEEDLES.....125	ULTRA-THIN II INSULIN SYRINGE SHORT/U- 100/1ML/30GX5/16".....126
ULTILET INSULIN SYRINGE/0.5ML/30G X 8MM.....124	ULTRA FLO INSULIN SYRINGE 0.3ML/29G X 1/2".....125	ULTRA-THIN II INSULIN SYRINGE SHORT/U- 100/1ML/31GX5/16".....126
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ULTILET INSULIN SYRINGE/SHORT/1ML/31G X 5/16".....125	ULTRA-COMFORT INSULIN SYRINGE/U-100/0.5ML/30G X 5/16".....125	ULTRACARE INSULIN SYRINGE/U-100/0.3ML/31G X 5/16".....126
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ULTRACARE PEN NEEDLES/32G X 5/32".....	126	UNISTIK PRO SAFETY LANCET 28G.....	95	VALUE PLUS LANCETS SUPERTHIN 30G.....	95
ULTRACET.....	9	UNISTIK SAFETY LANCETS 28G.....	95	VALUE PLUS LANCETS THIN 26G.....	95
ULTRAM.....	8	UNISTIK SAFETY LANCETS 30G.....	95	VALUE PLUS LANCING DEVICE.....	95
ULTRAVATE.....	68	UNISTIK TOUCH SAFETY LANCETS 21G.....	95	VALUMARK LANCET SUPER THIN 30G.....	95
UNASYN.....	138	UNISTIK TOUCH SAFETY LANCETS 23G.....	95	VALUMARK LANCET ULTRA THIN 28G.....	95
UNASYN BULK PACK.....	138	UNISTIK TOUCH SAFETY LANCETS 28G.....	95	VALUMARK PEN NEEDLES 29GX12MM.....	127
UNIFINE PENTIPS 29GX12MM.....	126	UNISTIK TOUCH SAFETY LANCETS 30G.....	95	VALUMARK PEN NEEDLES 31GX 6MM.....	127
UNIFINE PENTIPS 31G X 3/16".....	126	UNITUXIN.....	38	VALUMARK PEN NEEDLES 31GX 8MM.....	127
UNIFINE PENTIPS 31GX5MM.....	127	UNIVERSAL 1 LANCETS THIN26G.....	95	VANCOCIN.....	11
UNIFINE PENTIPS 31GX6MM.....	127	UNIVERSAL 1 LANCETS ULTRA THIN 30G.....	95	VANCOCIN HCL.....	11
UNIFINE PENTIPS 31GX8MM.....	127	UNIVERSAL 1 LANCETS/33G/MICRO-THIN	95	vancomycin hcl.....	11,12
UNIFINE PENTIPS 32GX4MM.....	127	URECHOLINE.....	145	VANCOMYCIN HYDROCHLORIDE.....	12
UNIFINE PENTIPS 32GX6MM.....	127	UROCIT-K 10.....	76	VANISHPOINT INSULIN SYRINGE/0.5ML/30G X 1/2".....	127
UNIFINE PENTIPS PLUS 29GX12MM.....	127	UROXATRAL.....	77	VANISHPOINT INSULIN SYRINGE/0.5ML/30G X 5/16".....	127
UNIFINE PENTIPS PLUS 31GX5MM.....	127	URSO 250.....	75	VANISHPOINT INSULIN SYRINGE/1ML/29G X 1/2".....	127
UNIFINE PENTIPS PLUS 31GX6MM.....	127	URSO FORTE.....	75	VANISHPOINT INSULIN SYRINGE/1ML/30G X 5/16".....	127
UNIFINE PENTIPS PLUS 31GX8MM.....	127	ursodiol.....	75	VANTAS.....	40
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UNILET EXCELITE.....	94	VALCHLOR.....	64	VASCEPA.....	30
UNILET EXCELITE II.....	94	VALCYTE.....	51	VASERETIC.....	34
UNILET G.P. LANCET.....	94	valganciclovir hcl.....	51	VASOTEC.....	32
UNILET G.P. SUPERLITE LANCET.....	94	VALIUM.....	13	VECAMEYL.....	34
UNILET GP 28 ULTRA THIN.....	94	valproate sodium.....	21	VECTIBIX.....	38
UNILET LANCET.....	94	valproic acid.....	21	VECTICAL.....	65
UNILET LANCETS MICRO- THIN33G.....	94	valrubicin.....	41	VELCADE.....	43
UNILET LANCETS SUPER- THIN30G.....	94	valsartan.....	32	VELPHORO.....	76
UNILET LANCETS ULTRA-THIN 28G.....	94	valsartan-hydrochlorothiazide	34	VEMLIDY.....	52
UNILET SUPERLITE LANCET.....	95	VALSTAR.....	41	VENCLEXTA.....	39
UNISTIK 3 GENTLE.....	95	VALTOCO.....	18	VENCLEXTA STARTING PACK.....	39
UNISTIK PRO SAFETY LANCET 21G.....	95	VALTREX.....	52	venlafaxine hcl.....	23
		VALUE HEALTH INSULIN SYRINGE/U-100/0.5ML/29G X 1/2".....	127	VENTAVIS.....	55
		VALUE HEALTH INSULIN SYRINGE/U-100/1ML/29G X 1/2".....	127	VENTOLIN HFA.....	16

verapamil hcl.....	54	VITRAKVI.....	43	WIDE-SEAL SILICONE	
VEREGEN.....	62	VIVAGUARD LANCETS...95		DIAPHRAGM KIT 60.....	82
VERELAN.....	54	VIVAGUARD LANCING		WIDE-SEAL SILICONE	
VERELAN PM.....	54	DEVICE.....	95	DIAPHRAGM KIT 65.....	82
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VERZENIO.....	43	VIZIMPRO.....	43	DIAPHRAGM KIT 70.....	82
VESICARE.....	145	VOGELXO.....	10	WIDE-SEAL SILICONE	
VFEND.....	29	VOGELXO PUMP.....	10	DIAPHRAGM KIT 75.....	82
VIAGRA.....	55	VOL-PLUS.....	133	WIDE-SEAL SILICONE	
VIBRAMYCIN.....	142	VOLTAREN.....	62	DIAPHRAGM KIT 80.....	82
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VIDA MIA AUTOLET		voriconazole.....	29	DIAPHRAGM KIT 85.....	83
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VIDA MIA UNIFINE		VOTRIENT.....	43	DIAPHRAGM KIT 90.....	83
PENTIPS32GX4MM.....	127	VP INSULIN SYRINGE/U-		WIDE-SEAL SILICONE	
VIDA MIA UNIFINE		100/0.3ML/29G X 1/2"....	127	DIAPHRAGM KIT 95.....	83
PENTIPSMINI 31GX6MM..	127	VPRIV.....	78	WP THYROID.....	142
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PENTIPSORIGINAL		VYNDAMAX.....	56	XALKORI.....	43
29GX12MM.....	127	VYNDAQEL.....	56	XANAX.....	13
VIDA MIA UNILET LANCETS		VYTORIN.....	30	XANAX XR.....	13
SUPER THIN 30G.....	95	VYVANSE.....	1	XARELTO.....	16
VIDA MIA UNILET LANCETS		VYXEOS.....	41	XARELTO STARTER PACK..	16
ULTRA THIN 28G.....	95	WALGREENS ADVANCED		XATMEP.....	37
VIDA MIA UNIPFINE		TRAVELLANCETS 28G...95		XELJANZ.....	4
PENTIPSSHORT		WALGREENS COMFORT		XELJANZ XR.....	4
31GX8MM.....	127	ASSUREDLANCETS MICRO		XELODA.....	37
VIDAZA.....	37	THIN/33G.....	95	XENAZINE.....	140
VIDEX EC.....	51	WALGREENS COMFORT		XEOMIN.....	134
VIDEXPEDIATRIC.....	51	ASSUREDLANCETS SUPER		XGEVA.....	71
vigabatrin.....	20	THIN/28G.....	95	XIFAXAN.....	11
VIGAMOX.....	135	WALGREENS LANCETS...95		XIGDUO XR.....	24
VIIBRYD.....	23	LANCETS.....	95	XIMINO.....	142
VIIBRYD STARTER PACK..	23	WALGREENS THIN		XOFIGO.....	43
VIMPAT.....	20	LANCETS.....	95	XOLAIR.....	14
vinblastine sulfate.....	45	WALGREENS ULTRA THIN		XOPENEX.....	16
vincristine sulfate.....	45	LANCETS.....	95	XOPENEX CONCENTRATE	16
vinorelbine tartrate.....	45	warfarin sodium.....	16	XOPENEX HFA.....	16
VIRACEPT.....	51	water for irrigation, sterile	131	XOSPATA.....	43
VIRAMUNE.....	51	WEGMANS UNIFINE PENTIPS		XPOVIO 100 MG ONCE	
VIRAMUNE XR.....	51	PLUS 32GX4MM.....	127	WEEKLY.....	40
VIREAD.....	51	WEGMANS UNIFINE PENTIPS		XPOVIO 40 MG ONCE	
VIROPTIC.....	135	PLUS/MINI/31GX5MM...127		WEEKLY.....	40
VISTARIL.....	13	WEGMANS UNIFINE PENTIPS		XPOVIO 40 MG TWICE	
VISTOGARD.....	27	PLUS/SHORT/31GX8MM127		WEEKLY.....	40
VITALET PRO LANCETS...95		WEGMANS UNIFINE PENTIPS		XPOVIO 60 MG ONCE	
VITALET PRO PLUS		PLUS/ULTRA		WEEKLY.....	40
LANCETS.....	95	SHORT/31GX6MM.....	127	XPOVIO 60 MG TWICE	
VITAMIN D2.....	148	WELCHOL.....	30	WEEKLY.....	40
VITATHELY/GINGER.....	133	WELLBUTRIN SR.....	21	XPOVIO 80 MG ONCE	
		WELLBUTRIN XL.....	21	WEEKLY.....	40
		WESTAB PLUS.....	133	XPOVIO 80 MG TWICE	
		WESTHROID.....	142	WEEKLY.....	40

XTAMPZA ER.....	8	ZIOPTAN.....	137	ZYRTEC-D	
XTANDI.....	40	ziprasidone hcl.....	47	ALLERGY/CONGESTION...	60
XULTOPHY 100/3.6.....	24	ZIRABEV.....	38	ZYTIGA.....	40
XYLOCAINE.....	80	ZIRGAN.....	135	ZYVOX.....	12
XYLOCAINE-MPF.....	80	ZITHROMAX.....	81		
XYREM.....	139	ZITHROMAX TRI-PAK.....	81		
XYZAL ALLERGY 24HR.....	30	ZITHROMAX Z-PAK.....	81		
XYZAL ALLERGY 24HR		ZOCOR.....	31		
CHILDRENS.....	30	ZOFRAN.....	27		
YASMIN 28.....	58	ZOHYDRO ER.....	8		
YAZ.....	58	ZOLADEX.....	40		
YERVOY.....	39	zoledronic acid.....	71		
YESCARTA.....	39	ZOLEDRONIC ACID.....	71		
YONDELIS.....	37	zoledronic acid.....	71		
YONSA.....	40	ZOLEDRONIC ACID.....	71		
ZADITOR.....	137	ZOLINZA.....	43		
zafirlukast.....	14	zolmitriptan.....	129		
zaleplon.....	79	ZOLOFT.....	23		
ZALTRAP.....	38	zolpidem tartrate.....	80		
ZANAFLEX.....	133	ZOMACTON.....	72		
ZANOSAR.....	37	ZOMETA.....	71		
ZANTAC.....	143	ZOMIG.....	129		
ZANTAC 150 MAXIMUM		ZOMIG ZMT.....	129		
STRENGTH.....	143	ZONALON.....	64		
ZARONTIN.....	21	ZONEGRAN.....	20		
ZARXIO.....	79	zonisamide.....	20		
ZAVESCA.....	78	ZONTIVITY.....	78		
ZEGERID.....	144	ZORBTIVE.....	72		
ZEJULA.....	43	ZORTRESS.....	131		
ZELBORAF.....	43	ZOSTAVAX.....	147		
ZEMAIRA.....	141	ZOSYN.....	139		
ZEMPLAR.....	73	ZOVIRAX.....	52,65		
ZENPEP.....	70	ZURAMPIC.....	77		
ZEPATIER.....	52	ZYBAN.....	141		
ZEPZELCA.....	37	ZYCLARA.....	68		
ZERIT.....	51	ZYCLARA PUMP.....	68		
ZERVIAE.....	137	ZYDELIG.....	43		
ZESTORETIC.....	34	ZYFLO CR.....	14		
ZESTRIL.....	32	ZYKADIA.....	43		
ZETIA.....	31	ZYLOPRIM.....	77		
ZEVALIN Y-90.....	39	ZYMAXID.....	135		
ZIAC.....	34	ZYPREXA.....	48		
ZIAGEN.....	51	ZYPREXA ZYDIS.....	48		
ZIANA.....	62	ZYRTEC ALLERGY.....	30		
zidovudine.....	51	ZYRTEC CHILDRENS			
zileuton.....	14	ALLERGY.....	30		
ZINECARD.....	44				





Discrimination is Against the Law

Arizona Complete Health complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Arizona Complete Health does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Arizona Complete Health:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as: qualified sign language interpreters
- Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as: qualified interpreters and information written in other languages

If you need these services, contact Member Services at:

Arizona Complete Health: 1-866-918-4450 (TTY: 711)

If you believe that Arizona Complete Health failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with the Chief Compliance Officer, Cheyenne Ross. You can file a grievance in person, by mail, fax, or email. Your grievance must be in writing and must be submitted within 180 days of the date that the person filing the grievance becomes aware of what is believed to be discrimination.

Submit your grievance to:

Arizona Complete Health- Chief Compliance Officer-Cheyenne Ross
1870 W. Rio Salado Parkway, Tempe, AZ 85281. Fax: 1-866-388-2247
Email: AzCHGrievanceAndAppeals@AZCompleteHealth.com

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail at U.S. Department of Health and Human Services; 200 Independence Avenue, SW; Room 509F, HHH Building; Washington, D.C. 20201; or by phone: 1-800-368-1019, 1-800-537-7697 (TTY).

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>

Attention: If you speak a language other than English, oral interpretation and written translation are available to you free of charge to understand the information provided. Call 1-866-918-4450 (TTY:TDD 711).