

2021 Prescription Drug List

Effective January 1, 2021



Formulary Introduction

FORMULARY

The Ambetter of Illinois 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. Specialty drugs are used to treat complex, chronic conditions and may require special handling, storage, or clinical management. Prescription drugs covered under the specialty tier require fulfillment at a pharmacy that participates in Ambetter’s “specialty” or “hemophilia” networks. For additional information on which pharmacies are within our “specialty” or “hemophilia” networks, please consult Ambetter website’s pharmacy information section.

Prior Authorization for Non-Formulary Drugs

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

Formulary Abbreviations:

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

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

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

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

Drug Name	Drug Tier	Requirements/ Limits
<i>dexmethylphenidate hcl cp24 35 mg, 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 40 mg, 5 mg</i>	1	QL(1 ea daily)
<i>dexmethylphenidate hcl tabs 2.5 mg, 10 mg, 5 mg</i>	1	QL(2 ea daily); AL(At least 6 yrs old)
FOCALIN TABS (<i>Use dexmethylphenidate hcl</i>)	NF	QL(2 ea daily); AL(At least 6 yrs old)
FOCALIN XR CP24 (<i>Use dexmethylphenidate hcl</i>)	NF	QL(1 ea daily)
METHYLIN SOLN (<i>Use methylphenidate hcl</i>)	NF	QL(30 ml daily); AL(At least 6 yrs old)
<i>methylphenidate hcl cp24 20 mg, 40 mg</i>	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, 20 mg, 60 mg, 10 mg, 30 mg, 50 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 10 mg, 20 mg</i>	1	QL(5 ea daily); AL(At least 6 yrs old)
<i>methylphenidate hcl tabs 5 mg</i>	1	QL(6 ea daily); AL(At least 6 yrs old)
<i>methylphenidate hcl tbcR 10 mg, 20 mg</i>	1	QL(3 ea daily); AL(At least 6 yrs old)
<i>methylphenidate hcl tbcR 18 mg, 27 mg</i>	1	QL(1 ea daily); AL(At least 6 yrs old)
<i>methylphenidate hcl tbcR 36 mg, 54 mg</i>	1	QL(2 ea daily); AL(At least 6 yrs old)
<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 10 MG, 20 MG (<i>Use methylphenidate hcl</i>)	NF	QL(5 ea daily); AL(At least 6 yrs old)
RITALIN TABS 5 MG (<i>Use methylphenidate hcl</i>)	NF	QL(6 ea daily); AL(At least 6 yrs old)
ALLERGENIC EXTRACTS/BIOLOGICALS MISC		
Allergenic Extracts		
GRASTEK SUBL	3	PA
AMEBICIDES		
Amebicides		
SOLOSEC PACK	3	PA
AMINOGLYCOSIDES - Drugs to Treat Bacterial Infections		
Aminoglycosides		
<i>amikacin sulfate soln</i>	1	
ARIKAYCE SUSP	4	PA

Drug Name	Drug Tier	Requirements/Limits
<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	
HUMATIN CAPS (<i>Use paromomycin sulfate</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	4	PA; 1 rtl pack lmt amt, 180 rtl pack lmt day(s), 1 mail pack lmt amt, 180 mail pack lmt day(s),
HUMIRA PEN PNKT 40 MG/0.4ML, 40 MG/0.8ML	4	PA; QL(0.143 ea daily)
HUMIRA PEN PNKT 80 MG/0.8ML	4	PA; 1 rtl pack lmt amt, 180 rtl pack lmt day(s), 1 mail pack lmt amt, 180 mail pack lmt day(s),
HUMIRA PEN-CD/UC/HS STARTER PNKT 40 MG/0.8ML	4	PA; QL(0.143 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
HUMIRA PEN-CD/UC/HS STARTER PNKT 80 MG/0.8ML	4	PA; 1 rtl pack lmt amt, 180 rtl pack lmt day(s), 1 mail pack lmt amt, 180 mail pack lmt day(s),
HUMIRA PEN-PEDIATRIC UC STARTER PACK PNKT	4	PA; 1 rtl pack lmt amt, 180 rtl pack lmt day(s), 1 mail pack lmt amt, 180 mail pack lmt day(s),
HUMIRA PEN-PS/UV STARTER PNKT	4	PA; 1 rtl pack lmt amt, 180 rtl pack lmt day(s), 1 mail pack lmt amt, 180 mail pack lmt day(s),
HUMIRA PEN-PS/UV STARTER PNKT	4	PA; QL(0.143 ea daily)
HUMIRA PSKT	4	PA; QL(0.143 ea daily)
Antirheumatic - Enzyme Inhibitors		
RINVOQ TB24	4	PA; QL(1 ea daily)
XELJANZ TABS 10 MG	4	PA; QL(2 ea daily)
XELJANZ TABS 5 MG	4	PA; QL(2 ea daily); SP
XELJANZ XR TB24	4	PA; QL(1 ea daily)
Antirheumatic Antimetabolites		
METHOTREXATE TABS	4	PA; QL(1.714 ea daily); SP
Gold Compounds		
RIDAURA CAPS	3	QL(3 ea daily)
Interleukin-1 Blockers		
ARCALYST SOLR	4	PA; QL(0.286 ea daily); SP

Drug Name	Drug Tier	Requirements/ Limits
Interleukin-1beta Blockers		
ILARIS SOLN	4	PA; QL(0.072 ml daily)
Nonsteroidal Anti-inflammatory Agents (NSAIDs)		
ARTHROTEC 50 TBEC (Use diclofenac w/ misoprostol)	NF	
ARTHROTEC 75 TBEC (Use diclofenac w/ misoprostol)	NF	
CELEBREX CAPS (Use celecoxib)	NF	PA
celecoxib caps	1	PA
CHILDRENS ADVIL SUSP (Use ibuprofen)	NF	RX/OTC
CHILDRENS MOTRIN SUSP (Use ibuprofen)	NF	RX/OTC
DAYPRO TABS (Use oxaprozin)	NF	
diclofenac potassium tabs 50 mg	1	
diclofenac sodium tb24	1	
diclofenac sodium tbec	1	
diclofenac w/ misoprostol tbec	1	
EC-NAPROSYN TBEC 500 MG (Use naproxen)	NF	
etodolac caps 200 mg, 300 mg	1	
etodolac tabs 400 mg, 500 mg	1	
FELDENE CAPS (Use piroxicam)	NF	
fenoprofen calcium tabs 600 mg	1	ST; QL(4 ea daily)
flurbiprofen tabs	1	
ibuprofen susp 100 mg/5ml	1	RX/OTC
ibuprofen tabs 400 mg, 600 mg, 800 mg	1	
indomethacin caps 25 mg, 50 mg	1	

Drug Name	Drug Tier	Requirements/Limits
<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 <i>etodolac</i>)	NF	
<i>meclofenamate sodium caps</i>	1	
<i>mefenamic acid caps</i>	1	ST; QL(5 ea daily)
<i>meloxicam tabs 15 mg, 7.5 mg</i>	1	QL(1 ea daily)
MOBIC TABS (Use <i>meloxicam</i>)	NF	QL(1 ea daily)
<i>nabumetone tabs</i>	1	
NALFON TABS 600 MG (Use <i>fenoprofen calcium</i>)	NF	ST; QL(4 ea daily)
NAPROSYN SUSP 125 MG/5ML (Use <i>naproxen</i>)	NF	PA
NAPROSYN TABS 500 MG (Use <i>naproxen</i>)	NF	
<i>naproxen sodium tabs 550 mg</i>	1	
<i>naproxen susp 125 mg/5ml</i>	1	PA
<i>naproxen tabs 250 mg, 375 mg, 500 mg</i>	1	
<i>naproxen tbec 500 mg</i>	1	
<i>oxaprozin tabs</i>	1	
<i>piroxicam caps</i>	1	
<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)

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

Drug Name	Drug Tier	Requirements/Limits
<i>aspirin chew</i>	0	AL(At least 45 yrs old - Up to 79 yrs old)
<i>aspirin tabs</i>	0	AL(At least 45 yrs old - Up to 79 yrs old)
<i>aspirin tbec</i>	0	AL(At least 45 yrs old - Up to 79 yrs old)
<i>diflunisal tabs</i>	1	
<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
<i>codeine sulfate tabs 30 mg</i>	1	New starts limited to 7 day supply
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 TABS OR 2 MG, 4 MG, 8 MG (<i>Use hydromorphone hcl</i>)	NF	New starts limited to 7 day supply;QL(8 ea daily)
DURAGESIC PT72 (<i>Use fentanyl</i>)	NF	QL(0.34 ea daily)
<i>fentanyl citrate lpop bu 1200 mcg, 1600 mcg, 200 mcg, 400 mcg, 600 mcg, 800 mcg</i>	1	PA; QL(4 ea daily)
<i>fentanyl pt72 td 12 mcg/hr, 100 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr</i>	1	QL(0.34 ea daily)
<i>hydrocodone bitartrate cp12 10 mg, 15 mg, 30 mg, 40 mg, 50 mg</i>	1	PA; QL(2 ea daily)

Drug Name	Drug Tier	Requirements/Limits
HYDROCODONE BITARTRATE ER CP12	3	PA; QL(2 ea daily)
<i>hydromorphone hcl liqd or 1 mg/ml</i>	1	New starts limited to 7 day supply
<i>hydromorphone hcl soln ij 10 mg/ml, 50 mg/5ml, 500 mg/50ml</i>	1	
<i>hydromorphone hcl tabs or 2 mg, 4 mg, 8 mg</i>	1	New starts limited to 7 day supply;QL(8 ea daily)
<i>hydromorphone hcl tb24 or 12 mg, 16 mg, 8 mg</i>	1	PA; QL(2 ea daily)
<i>hydromorphone hcl tb24 or 32 mg</i>	1	PA; QL(1 ea daily)
HYDROMORPHONE HYDROCHLORIDE SOLN IJ 10 MG/ML (<i>Use hydromorphone hcl</i>)	NF	
KADIAN CP24 100 MG, 20 MG, 30 MG, 50 MG, 60 MG, 80 MG (<i>Use morphine sulfate</i>)	NF	PA; QL(2 ea daily)
<i>levorphanol tartrate tabs 2 mg</i>	1	New starts limited to 7 day supply
<i>meperidine hcl soln ij 100 mg/ml, 25 mg/ml, 50 mg/ml</i>	1	
<i>meperidine hcl soln or 50 mg/5ml</i>	1	New starts limited to 7 day supply;QL(500 ml per fill retail)
<i>meperidine hcl tabs or 50 mg</i>	1	New starts limited to 7 days.;QL(6 ea daily)
<i>methadone hcl conc or 10 mg/ml</i>	1	QL(10 ml daily)
<i>methadone hcl soln ij 10 mg/ml</i>	1	
METHADONE HCL SOLN IJ 10 MG/ML (<i>Use methadone hcl</i>)	1	
<i>methadone hcl soln or 10 mg/5ml</i>	1	QL(50 ml daily)

Drug Name	Drug Tier	Requirements/Limits
<i>methadone hcl soln or 5 mg/5ml</i>	1	QL(100 ml daily)
<i>methadone hcl tabs or 10 mg</i>	1	QL(10 ea daily)
<i>methadone hcl tabs or 5 mg</i>	1	QL(4 ea daily)
<i>methadone hcl tbso or 40 mg</i>	1	QL(2 ea daily)
METHADOSE CONC (Use <i>methadone hcl</i>)	NF	QL(10 ml daily)
METHADOSE SUGAR-FREE CONC (Use <i>methadone hcl</i>)	NF	QL(10 ml daily)
MORPHABOND ER T12A 100 MG, 30 MG, 60 MG	3	PA; QL(1 ea daily)
MORPHABOND ER T12A 15 MG	3	PA; QL(3 ea daily)
<i>morphine sulfate cp24 or 100 mg, 20 mg, 30 mg, 50 mg, 60 mg, 80 mg</i>	1	PA; QL(2 ea daily)
<i>morphine sulfate soln ij 0.5 mg/ml, 1 mg/ml</i>	1	
<i>morphine sulfate soln or 10 mg/5ml</i>	1	New starts limited to 7 day supply;QL(100 ml daily)
<i>morphine sulfate soln or 20 mg/5ml</i>	1	New starts limited to 7 day supply;QL(50 ml daily)
<i>morphine sulfate tabs or 15 mg</i>	1	
<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 tbcr 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)

Drug Name	Drug Tier	Requirements/Limits
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, 80 mg, 10 mg, 20 mg, 40 mg</i>	3	PA; QL(2 ea daily)
<i>oxycodone hcl tabs 10 mg, 15 mg, 20 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 100 MCG	3	PA; QL(3 ea daily)
SUBSYS LIQD 1200 MCG, 1600 MCG, 800 MCG	3	PA; QL(8 ea daily)
SUBSYS LIQD 200 MCG, 400 MCG, 600 MCG	3	PA; QL(4 ea daily)
<i>tramadol hcl tabs 50 mg</i>	1	New starts limited to 7 day supply;QL(8 ea daily)
<i>tramadol hcl tb24 100 mg, 200 mg, 300 mg</i>	1	QL(1 ea daily)
ULTRAM TABS (Use <i>tramadol hcl</i>)	NF	New starts limited to 7 day supply;QL(8 ea daily)
XTAMPZA ER C12A	2	PA; QL(2 ea daily)
ZOHYDRO ER CP12	3	PA; QL(2 ea daily)
Opioid Combinations		

Drug Name	Drug Tier	Requirements/ Limits
<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 60 mg-300 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-caffeine w/ codeine caps 30 mg-40 mg-50 mg-300 mg</i>	1	New starts limited to 7 day supply
<i>butalbital-acetaminophen-caffeine w/ codeine caps 30 mg-40 mg-50 mg-325 mg</i>	1	New starts limited to 7 day supply;QL(6 ea daily)
<i>butalbital-aspirin-caffeine w/cod caps</i>	1	New starts limited to 7 day supply;QL(6 ea daily)
FIORICET/CODEINE CAPS (Use <i>butalbital-acetaminophen-caffeine w/ codeine</i>)	NF	New starts limited to 7 day supply
FIORINAL/CODEINE #3 CAPS (Use <i>butalbital-aspirin-caffeine w/cod</i>)	NF	New starts limited to 7 day supply;QL(6 ea daily)
<i>hydrocodone-acetaminophen soln 10 mg/15ml-325 mg/15ml</i>	1	New starts limited to 7 day supply

Drug Name	Drug Tier	Requirements/ Limits
<i>hydrocodone-acetaminophen soln 2.5 mg/5ml-108 mg/5ml, 5 mg/10ml-217 mg/10ml, 7.5 mg/15ml-325 mg/15ml</i>	1	New starts limited to 7 day supply;QL(180 ml daily)
<i>hydrocodone-acetaminophen tabs 10 mg-300 mg, 5 mg-300 mg, 7.5 mg-300 mg</i>	1	New starts limited to 7 day supply;QL(13 ea daily)
<i>hydrocodone-acetaminophen tabs 10 mg-325 mg, 5 mg-325 mg, 7.5 mg-325 mg</i>	1	New starts limited to 7 day supply;QL(12 ea daily)
<i>hydrocodone-ibuprofen tabs 10 mg-200 mg, 5 mg-200 mg</i>	1	PA
<i>hydrocodone-ibuprofen tabs 7.5 mg-200 mg</i>	1	New starts limited to 7 day supply;QL(5 ea daily)
LORTAB ELIX	2	New starts limited to 7 day supply;QL(60 ml daily)
NORCO TABS (Use <i>hydrocodone-acetaminophen</i>)	NF	New starts limited to 7 day supply;QL(12 ea daily)
<i>oxycodone w/ acetaminophen tabs 10 mg-325 mg, 5 mg-325 mg, 7.5 mg-325 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, 5 MG-325 MG, 7.5 MG-325 MG (Use <i>oxycodone w/ acetaminophen</i>)	NF	New starts limited to 7 day supply;QL(12 ea daily)
<i>tramadol-acetaminophen tabs</i>	1	New starts limited to 7 day supply;QL(8 ea daily)
TYLENOL/CODEINE #3 TABS (Use <i>acetaminophen w/ codeine</i>)	NF	New starts limited to 7 day supply;QL(12 ea daily)

Drug Name	Drug Tier	Requirements/Limits
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 0.3 MG-2.1 MG	2	QL(4 ea daily)
BUNAVAIL FILM 0.7 MG-4.2 MG	2	QL(2 ea daily)
BUNAVAIL FILM 1 MG-6.3 MG	2	QL(1 ea daily)
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	QL(3 ea daily)
<i>buprenorphine hcl-naloxone hcl dihydrate film 2 mg-8 mg, 3 mg-12 mg</i>	1	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
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)

Drug Name	Drug Tier	Requirements/Limits
<i>pentazocine w/ naloxone hcl tabs</i>	1	New starts limited to 7 day supply
PROBUPHINE IMPLANT KIT IMPL	2	
SUBLOCADE SOSY	2	
SUBOXONE FILM 0.5 MG-2 MG, 1 MG-4 MG (<i>Use buprenorphine hcl-naloxone hcl dihydrate</i>)	NF	QL(3 ea daily)
SUBOXONE FILM 2 MG-8 MG, 3 MG-12 MG (<i>Use buprenorphine hcl-naloxone hcl dihydrate</i>)	NF	QL(2 ea daily)
ZUBSOLV SUBL	2	QL(3 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)
<i>danazol caps</i>	1	
DEPO-TESTOSTERONE SOLN (<i>Use testosterone cypionate</i>)	NF	
METHITEST TABS	3	
TESTOSTERONE CYPIONATE SOLN IJ 200 MG/ML	1	
<i>testosterone cypionate soln im 100 mg/ml, 200 mg/ml</i>	1	
<i>testosterone enanthate soln</i>	1	
ANORECTAL AND RELATED PRODUCTS - Rectal Drugs to Treat Pain, Swelling and Itching		
Intrarectal Steroids		
CORTENEMA ENEM (<i>Use hydrocortisone (intrarectal)</i>)	NF	

Drug Name	Drug Tier	Requirements/Limits
<i>hydrocortisone (intrarectal) enem</i>	1	
UCERIS FOAM RE 2 MG/ACT	4	PA; QL(1.6 gm daily)
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	QL(2 gm daily)
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
EMVERM CHEW	2	QL(2 ea daily,6 ea per fill retail,6 ea per fill mail)1 rtl MAX fill,60 rtl day(s) supply,1 mail MAX fill,60 mail day(s) supply,
<i>ivermectin tabs or 3 mg</i>	1	
<i>praziquantel tabs</i>	1	PA
STROMEKTOL TABS (<i>Use ivermectin</i>)	NF	
ANTI-INFECTIVE AGENTS - MISC. - Drugs to Treat Bacterial Infections		

Drug Name	Drug Tier	Requirements/Limits
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	
<i>trimethoprim tabs</i>	1	
XIFAXAN TABS	3	PA; AL(At least 12 yrs old)
Anti-infective Misc. - Combinations		
BACTRIM DS TABS (<i>Use sulfamethoxazole-trimethoprim</i>)	NF	
BACTRIM TABS (<i>Use sulfamethoxazole-trimethoprim</i>)	NF	
<i>sulfamethoxazole-trimethoprim soln</i>	1	
<i>sulfamethoxazole-trimethoprim susp</i>	1	
<i>sulfamethoxazole-trimethoprim tabs</i>	1	
Antiprotozoal Agents		
ALINIA SUSR 100 MG/5ML	2	PA
ALINIA TABS 500 MG (<i>Use nitazoxanide</i>)	2	PA
<i>atovaquone susp</i>	1	
MEPRON SUSP (<i>Use atovaquone</i>)	NF	
<i>nitazoxanide tabs or</i>	1	PA
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	

Drug Name	Drug Tier	Requirements/Limits
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	
<i>daptomycin solr 500 mg</i>	1	
Glycopeptides		
FIRVANQ SOLR	2	QL(300 ml per fill retail)
VANCOGIN CAPS (<i>Use vancomycin hcl</i>)	NF	QL(4 ea daily,40 ea per fill retail)
VANCOGIN HCL CAPS (<i>Use vancomycin hcl</i>)	NF	QL(4 ea daily,40 ea per fill retail)
<i>vancomycin hcl caps or 125 mg, 250 mg</i>	1	QL(4 ea daily,40 ea per fill retail)
<i>vancomycin hcl solr iv 500 mg, 1 gm, 10 gm, 1000 mg</i>	1	
VANCOMYCIN HYDROCHLORIDE SOLR OR 250 MG/5ML	2	QL(300 ml per fill retail)
Leprostatics		
<i>dapsone tabs</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	

Drug Name	Drug Tier	Requirements/Limits
CLEOCIN PHOSPHATE SOLN IJ 600 MG/4ML, 900 MG/6ML, 300 MG/2ML, 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	
CAYSTON SOLR	4	PA; QL(3 ml daily)
Oxazolidinones		
<i>linezolid susr or 100 mg/5ml</i>	1	
<i>linezolid tabs or 600 mg</i>	1	PA; QL(2 ea daily)
SIVEXTRO TABS OR	3	PA
ZYVOX SUSR OR 100 MG/5ML (<i>Use linezolid</i>)	NF	
ZYVOX TABS OR 600 MG (<i>Use linezolid</i>)	NF	PA; QL(2 ea daily)
Polymyxins		
<i>polymyxin b sulfate solr</i>	1	
Urinary Anti-infectives		
<i>fosfomycin tromethamine pack</i>	1	
HIPREX TABS (<i>Use methenamine hippurate</i>)	NF	
MACROBID CAPS (<i>Use nitrofurantoin monohyd macro</i>)	NF	

Drug Name	Drug Tier	Requirements/ Limits
MACRODANTIN CAPS 50 MG, 100 MG (Use nitrofurantoin macrocrystal)	NF	
methenamine hippurate tabs	1	
MONUROL PACK (Use fosfomycin tromethamine)	3	
nitrofurantoin macrocrystal caps 50 mg, 100 mg	1	
nitrofurantoin monohyd macro caps	1	
nitrofurantoin susp	1	
ANTIANGINAL AGENTS - Drugs to Treat Chest Pain		
Antianginals-Other		
RANEXA TB12 1000 MG (Use ranolazine)	NF	QL(2 ea daily)
RANEXA TB12 500 MG (Use ranolazine)	NF	QL(3 ea daily)
ranolazine tb12 1000 mg	1	QL(2 ea daily)
ranolazine tb12 500 mg	1	QL(3 ea daily)
Nitrates		
ISORDIL TITRADOSE TABS 5 MG (Use isosorbide dinitrate)	NF	
isosorbide dinitrate tabs 30 mg, 10 mg, 20 mg, 5 mg	1	
isosorbide dinitrate tbcr 40 mg	1	
isosorbide mononitrate tabs	1	
isosorbide mononitrate tb24	1	
NITRO-BID OINT	3	
NITRO-DUR PT24 0.1 MG/HR, 0.4 MG/HR, 0.2 MG/HR, 0.6 MG/HR (Use nitroglycerin)	NF	
nitroglycerin cpcr or 2.5 mg, 6.5 mg, 9 mg	1	QL(4 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
nitroglycerin pt24 td 0.1 mg/hr, 0.4 mg/hr, 0.2 mg/hr, 0.6 mg/hr	1	
NITROGLYCERIN SOLN IV 5 MG/ML	1	
nitroglycerin subl sl 0.3 mg, 0.4 mg, 0.6 mg	1	
NITROSTAT SUBL (Use nitroglycerin)	NF	
ANTIANGIETY AGENTS - Drugs to Treat Anxiety		
Antianxiety Agents - Misc.		
bupirone hcl tabs 10 mg, 30 mg, 7.5 mg, 15 mg	1	
bupirone hcl tabs 5 mg	1	QL(6 ea daily)
hydroxyzine hcl soln im 50 mg/ml	1	
hydroxyzine hcl syrp or 10 mg/5ml	1	
hydroxyzine hcl tabs or 10 mg, 25 mg, 50 mg	1	
hydroxyzine pamoate caps	1	
meprobamate tabs	1	
VISTARIL CAPS (Use hydroxyzine pamoate)	NF	
Benzodiazepines		
alprazolam tabs 0.25 mg, 0.5 mg, 1 mg, 2 mg	1	QL(4 ea daily)
alprazolam tb24 0.5 mg, 1 mg, 2 mg, 3 mg	1	
alprazolam tbdp 0.25 mg, 0.5 mg, 1 mg, 2 mg	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)
chlordiazepoxide hcl caps	1	
clorazepate dipotassium tabs	1	
diazepam conc or 5 mg/ml	1	

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

Drug Name	Drug Tier	Requirements/Limits
<i>amiodarone hcl tabs or 100 mg, 200 mg, 400 mg</i>	1	
<i>dofetilide caps</i>	1	
MULTAQ TABS	3	
TIKOSYN CAPS (<i>Use dofetilide</i>)	NF	
ANTIASTHMATIC AND BRONCHODILATOR AGENTS - Drugs to Treat Lung Conditions		
Anti-Inflammatory Agents		
<i>cromolyn sodium nebu</i>	1	QL(8 ml daily)
Antiasthmatic - Monoclonal Antibodies		
FASENRA PEN SOAJ	4	PA
FASENRA SOSY	4	PA
NUCALA SOAJ	4	PA
NUCALA SOLR	4	PA
NUCALA SOSY	4	PA
XOLAIR SOLR 150 MG	4	PA; SP
XOLAIR SOSY 150 MG/ML, 75 MG/0.5ML	4	PA
Bronchodilators - Anticholinergics		
ATROVENT HFA AERS	3	QL(0.44 gm daily)
INCRUSE ELLIPTA AEPB	2	QL(1 ea daily)
<i>ipratropium bromide soln</i>	1	QL(15 ml daily)
SPIRIVA HANDIHALER CAPS	2	QL(1 ea daily)
SPIRIVA RESPIMAT AERS	2	QL(0.14 gm daily)
Leukotriene Modulators		
ACCOLATE TABS (<i>Use zafirlukast</i>)	NF	QL(2 ea daily)
<i>montelukast sodium chew 4 mg, 5 mg</i>	1	QL(1 ea daily)
<i>montelukast sodium pack 4 mg</i>	1	PA; QL(1 ea daily)

Drug Name	Drug Tier	Requirements/Limits
<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)
Selective Phosphodiesterase 4 (PDE4) Inhibitors		
DALIRESP TABS 250 MCG	3	QL(1 ea daily)30 rtl MAX day(s) supply, 180 rtl lmt day(s), 30 mail MAX day(s) supply, 180 mail lmt day(s),
DALIRESP TABS 500 MCG	3	QL(1 ea daily)
Steroid Inhalants		
ARNUIITY ELLIPTA 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	

Drug Name	Drug Tier	Requirements/Limits
<i>albuterol sulfate aers in 108 mcg/act</i>	1	2 rtl MAX fill, 30 rtl day(s) supply,
<i>albuterol sulfate aers in 108 mcg/act</i>	1	Limit 2 inhalers per month; 1 rtl pack lmt per fill, 2 rtl MAX fill, 30 rtl day(s) supply,
<i>albuterol sulfate aers in 108 mcg/act</i>	1	Limit 2 Inhalers per month; 1 rtl pack lmt per fill, 2 rtl MAX fill, 30 rtl day(s) supply,
<i>albuterol sulfate nebu in 0.5 %, 2.5 mg/0.5ml</i>	1	
<i>albuterol sulfate nebu in 0.63 mg/3ml, 1.25 mg/3ml, 0.083 %</i>	1	QL(15 ml daily)
<i>albuterol sulfate syrp or 2 mg/5ml</i>	1	
<i>albuterol sulfate tabs or 2 mg, 4 mg</i>	1	
<i>albuterol sulfate tb12 or 4 mg, 8 mg</i>	1	
ANORO ELLIPTA AEPB	2	QL(2 ea daily)
ARCAPTA NEOHALER CAPS	2	
<i>arformoterol tartrate nebu</i>	1	PA; QL(4 ml daily)
BEVESPI AEROSPHERE AERO	2	QL(0.36 gm daily)
BREO ELLIPTA AEPB	2	
BROVANA NEBU (<i>Use arformoterol tartrate</i>)	3	PA; QL(4 ml daily)
<i>budesonide-formoterol fumarate dihydrate aero</i>	1	
<i>fluticasone-salmeterol aepb 50 mcg/dose-500 mcg/dose, 50 mcg/act-100 mcg/act, 50 mcg/act-250 mcg/act, 50 mcg/dose-100 mcg/dose, 50 mcg/dose-250 mcg/dose</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>ipratropium-albuterol soln</i>	1	QL(18 ml daily)
<i>levalbuterol hcl nebu 0.31 mg/3ml, 0.63 mg/3ml, 1.25 mg/3ml</i>	1	PA; QL(12 ml daily)
<i>levalbuterol hcl nebu 1.25 mg/0.5ml</i>	1	PA
<i>levalbuterol tartrate aero</i>	3	PA; Limit 2 inhalers per month;QL(1 gm daily)
PROAIR HFA AERS (<i>Use albuterol sulfate</i>)	NF	
PROVENTIL HFA AERS (<i>Use albuterol sulfate</i>)	NF	
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	2	QL(2 ea daily)
UTIBRON NEOHALER CAPS	3	PA; QL(2 ea daily)
VENTOLIN HFA AERS (<i>Use albuterol sulfate</i>)	NF	
XOPENEX CONCENTRATE NEBU (<i>Use levalbuterol hcl</i>)	NF	PA
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	

Drug Name	Drug Tier	Requirements/Limits
<i>theophylline soln 80 mg/15ml</i>	1	QL(56 ml daily)
<i>theophylline tb12 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
ARIXTRA SOLN 2.5 MG/0.5ML (<i>Use fondaparinux sodium</i>)	NF	QL(4.5 ml per 180 days retail,4.5 ml per 180 days mail); SP
ARIXTRA SOLN 5 MG/0.4ML (<i>Use fondaparinux sodium</i>)	NF	QL(3.6 ml per 180 days retail,3.6 ml per 180 days mail); SP

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

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

Drug Name	Drug Tier	Requirements/Limits
KLONOPIN TABS (<i>Use clonazepam</i>)	NF	
NAYZILAM SOLN	3	PA; QL(10 ea per 30 days retail)
ONFI SUSP 2.5 MG/ML (<i>Use clobazam</i>)	NF	PA; QL(16 ml daily)
ONFI TABS 10 MG, 20 MG (<i>Use clobazam</i>)	NF	PA; QL(2 ea daily)
Anticonvulsants - Misc.		
APTIOM TABS	3	ST; QL(2 ea daily)
BANZEL SUSP 40 MG/ML (<i>Use rufinamide</i>)	2	PA; QL(80 ml daily)
BANZEL TABS 200 MG (<i>Use rufinamide</i>)	2	PA; QL(2 ea daily)
BANZEL TABS 400 MG (<i>Use rufinamide</i>)	2	PA; QL(8 ea daily)
BRIVIACT SOLN OR 10 MG/ML	3	PA; QL(20 ml daily)
BRIVIACT TABS OR 10 MG, 100 MG, 25 MG, 50 MG, 75 MG	3	PA; QL(2 ea daily)
<i>carbamazepine chew 100 mg</i>	1	
<i>carbamazepine cp12 100 mg</i>	1	
<i>carbamazepine cp12 200 mg</i>	1	QL(6 ea daily)
<i>carbamazepine cp12 300 mg</i>	1	QL(4 ea daily)
<i>carbamazepine susp 100 mg/5ml</i>	1	
<i>carbamazepine tabs 200 mg</i>	1	
<i>carbamazepine tb12 100 mg, 400 mg</i>	1	QL(4 ea daily)
<i>carbamazepine tb12 200 mg</i>	1	QL(6 ea daily)
CARBATROL CP12 100 MG (<i>Use carbamazepine</i>)	NF	
CARBATROL CP12 200 MG (<i>Use carbamazepine</i>)	NF	QL(6 ea daily)
CARBATROL CP12 300 MG (<i>Use carbamazepine</i>)	NF	QL(4 ea daily)

Drug Name	Drug Tier	Requirements/Limits
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)
<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 25 MG (<i>Use lamotrigine</i>)	NF	QL(20 ea daily)
LAMICTAL CHEWABLE DISPERSIBLE CHEW 5 MG (<i>Use lamotrigine</i>)	NF	QL(100 ea daily)
LAMICTAL ODT TBDP 100 MG, 200 MG, 25 MG, 50 MG (<i>Use lamotrigine</i>)	NF	QL(1 ea daily)
LAMICTAL TABS 100 MG (<i>Use lamotrigine</i>)	NF	QL(5 ea daily)
LAMICTAL TABS 150 MG (<i>Use lamotrigine</i>)	NF	QL(4 ea daily)
LAMICTAL TABS 200 MG (<i>Use lamotrigine</i>)	NF	QL(2.5 ea daily)

Drug Name	Drug Tier	Requirements/Limits
LAMICTAL TABS 25 MG (Use lamotrigine)	NF	QL(20 ea daily)
lamotrigine chew 25 mg	1	QL(20 ea daily)
lamotrigine chew 5 mg	1	QL(100 ea daily)
lamotrigine tabs 100 mg	1	QL(5 ea daily)
lamotrigine tabs 150 mg	1	QL(4 ea daily)
lamotrigine tabs 200 mg	1	QL(2.5 ea daily)
lamotrigine tabs 25 mg	1	QL(20 ea daily)
lamotrigine tbdp 100 mg, 200 mg, 25 mg, 50 mg	1	QL(1 ea daily)
levetiracetam soln iv 500 mg/5ml	1	QL(30 ml daily)
levetiracetam soln or 100 mg/ml, 500 mg/5ml	1	QL(30 ml daily)
levetiracetam tabs or 1000 mg	1	QL(3 ea daily)
levetiracetam tabs or 250 mg, 750 mg	1	QL(4 ea daily)
levetiracetam tabs or 500 mg	1	QL(6 ea daily)
levetiracetam tb24 or 500 mg, 750 mg	1	QL(4 ea daily)
LYRICA CAPS 100 MG, 150 MG, 200 MG, 25 MG, 50 MG, 75 MG (Use pregabalin)	NF	PA; QL(3 ea daily)
LYRICA CAPS 225 MG, 300 MG (Use pregabalin)	NF	PA; QL(2 ea daily)
LYRICA SOLN 20 MG/ML (Use pregabalin)	NF	PA; QL(30 ml daily)
MYSOLINE TABS (Use primidone)	NF	QL(8 ea daily)
NEURONTIN CAPS 100 MG, 300 MG, 400 MG (Use gabapentin)	NF	
NEURONTIN SOLN 250 MG/5ML (Use gabapentin)	NF	QL(60 ml daily)
NEURONTIN TABS 600 MG, 800 MG (Use gabapentin)	NF	

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

Drug Name	Drug Tier	Requirements/Limits
<i>topiramate tabs 100 mg, 25 mg</i>	1	QL(4 ea daily)
<i>topiramate tabs 200 mg</i>	1	QL(2 ea daily)
<i>topiramate tabs 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)
FELBATOL TABS 400 MG (<i>Use felbamate</i>)	NF	QL(9 ea daily)
FELBATOL TABS 600 MG (<i>Use felbamate</i>)	NF	QL(6 ea daily)
GABA Modulators		
GABITRIL TABS 2 MG, 4 MG (<i>Use tiagabine hcl</i>)	NF	
SABRIL PACK (<i>Use vigabatrin</i>)	NF	PA; QL(6 ea daily); SP
SABRIL TABS (<i>Use vigabatrin</i>)	NF	PA; QL(6 ea daily); SP

Drug Name	Drug Tier	Requirements/Limits
<i>tiagabine hcl tabs 2 mg, 4 mg</i>	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		
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 (<i>Use ethosuximide</i>)	2	QL(6 ea daily)
ZARONTIN SOLN 250 MG/5ML (<i>Use ethosuximide</i>)	NF	QL(30 ml daily)
Valproic Acid		

Drug Name	Drug Tier	Requirements/Limits
DEPAKOTE ER TB24 (<i>Use divalproex sodium</i>)	NF	
DEPAKOTE TBEC (<i>Use divalproex sodium</i>)	NF	
<i>divalproex sodium tb24 250 mg, 500 mg</i>	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 45 mg, 7.5 mg</i>	1	QL(1 ea daily)
<i>mirtazapine tbdp 15 mg</i>	1	QL(3 ea daily)
<i>mirtazapine tbdp 30 mg</i>	1	QL(1.5 ea daily)
<i>mirtazapine tbdp 45 mg</i>	1	QL(1 ea daily)
REMERON SOLTAB TBDP 15 MG (<i>Use mirtazapine</i>)	NF	QL(3 ea daily)
REMERON SOLTAB TBDP 30 MG (<i>Use mirtazapine</i>)	NF	QL(1.5 ea daily)
REMERON SOLTAB TBDP 45 MG (<i>Use mirtazapine</i>)	NF	QL(1 ea daily)
REMERON TABS 15 MG (<i>Use mirtazapine</i>)	NF	QL(3 ea daily)
REMERON TABS 30 MG (<i>Use mirtazapine</i>)	NF	QL(1.5 ea daily)
Antidepressants - Misc.		
<i>bupropion hcl tabs 100 mg, 75 mg</i>	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)

Drug Name	Drug Tier	Requirements/Limits
<i>bupropion hcl tb24 150 mg</i>	1	QL(3 ea daily)
<i>bupropion hcl tb24 300 mg</i>	1	QL(1 ea daily)
<i>maprotiline hcl tabs</i>	1	
WELLBUTRIN SR TB12 100 MG (<i>Use bupropion hcl</i>)	NF	QL(4 ea daily)
WELLBUTRIN SR TB12 150 MG (<i>Use bupropion hcl</i>)	NF	QL(3 ea daily)
WELLBUTRIN SR TB12 200 MG (<i>Use bupropion hcl</i>)	NF	QL(2 ea daily)
WELLBUTRIN XL TB24 150 MG (<i>Use bupropion hcl</i>)	NF	QL(3 ea daily)
WELLBUTRIN XL TB24 300 MG (<i>Use bupropion hcl</i>)	NF	QL(1 ea daily)
Monoamine Oxidase Inhibitors (MAOIs)		
EMSAM PT24	3	QL(1 ea daily)
MARPLAN TABS	2	QL(6 ea daily)
NARDIL TABS (<i>Use phenelzine sulfate</i>)	NF	
PARNATE TABS (<i>Use tranylcypromine sulfate</i>)	NF	
<i>phenelzine sulfate tabs</i>	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)

Drug Name	Drug Tier	Requirements/Limits
CELEXA TABS 40 MG (Use <i>citalopram hydrobromide</i>)	NF	QL(1 ea daily)
<i>citalopram hydrobromide soln 10 mg/5ml</i>	1	QL(20 ml daily)
<i>citalopram hydrobromide tabs 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)
<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 (Use <i>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 (Use <i>escitalopram oxalate</i>)	NF	QL(2 ea daily)
LEXAPRO TABS 20 MG (Use <i>escitalopram oxalate</i>)	NF	QL(1 ea daily)
LEXAPRO TABS 5 MG (Use <i>escitalopram oxalate</i>)	NF	QL(4 ea daily)

Drug Name	Drug Tier	Requirements/Limits
<i>paroxetine hcl susp 10 mg/5ml</i>	3	QL(30 ml 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 (Use <i>paroxetine hcl</i>)	NF	QL(1 ea daily)
PAXIL CR TB24 37.5 MG, 25 MG (Use <i>paroxetine hcl</i>)	NF	QL(2 ea daily)
PAXIL SUSP 10 MG/5ML (Use <i>paroxetine hcl</i>)	3	QL(30 ml daily)
PAXIL TABS 10 MG (Use <i>paroxetine hcl</i>)	NF	QL(6 ea daily)
PAXIL TABS 20 MG (Use <i>paroxetine hcl</i>)	NF	QL(3 ea daily)
PAXIL TABS 30 MG (Use <i>paroxetine hcl</i>)	NF	QL(2 ea daily)
PAXIL TABS 40 MG (Use <i>paroxetine hcl</i>)	NF	QL(1 ea daily)
PROZAC CAPS 10 MG (Use <i>fluoxetine hcl</i>)	NF	QL(1 ea daily)
PROZAC CAPS 20 MG (Use <i>fluoxetine hcl</i>)	NF	QL(3 ea daily)
PROZAC CAPS 40 MG (Use <i>fluoxetine hcl</i>)	NF	QL(2 ea daily)
<i>sertraline hcl conc 20 mg/ml</i>	1	QL(10 ml daily)
<i>sertraline hcl tabs 100 mg</i>	1	QL(2 ea daily)
<i>sertraline hcl tabs 25 mg, 50 mg</i>	1	QL(4 ea daily)
ZOLOFT CONC 20 MG/ML (Use <i>sertraline hcl</i>)	NF	QL(10 ml daily)
ZOLOFT TABS 100 MG (Use <i>sertraline hcl</i>)	NF	QL(2 ea daily)
ZOLOFT TABS 25 MG, 50 MG (Use <i>sertraline hcl</i>)	NF	QL(4 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
Serotonin Modulators		
<i>nefazodone hcl tabs</i>	1	
<i>trazodone hcl tabs</i>	1	
TRINTELLIX TABS	3	PA; QL(1 ea daily)
VIIBRYD STARTER PACK KIT	3	PA; 1 rtl pack lmt amt, 180 rtl pack lmt day(s),
VIIBRYD TABS	3	PA; QL(1 ea daily)
Serotonin-Norepinephrine Reuptake Inhibitors		
CYMBALTA CPEP (<i>Use duloxetine hcl</i>)	NF	QL(2 ea daily)
<i>desvenlafaxine succinate tb24 100 mg</i>	1	QL(4 ea daily)
<i>desvenlafaxine succinate tb24 25 mg, 50 mg</i>	1	QL(1 ea daily)
<i>duloxetine hcl cpep or 20 mg, 60 mg, 30 mg</i>	1	QL(2 ea daily)
<i>duloxetine hcl cpep or 40 mg</i>	1	
EFFEXOR XR CP24 150 MG (<i>Use venlafaxine hcl</i>)	NF	QL(2 ea daily)
EFFEXOR XR CP24 37.5 MG (<i>Use venlafaxine hcl</i>)	NF	QL(4 ea daily)
EFFEXOR XR CP24 75 MG (<i>Use venlafaxine hcl</i>)	NF	QL(5 ea daily)
FETZIMA CP24	3	PA
FETZIMA TITRATION PACK C4PK	3	PA
PRISTIQ TB24 100 MG (<i>Use desvenlafaxine succinate</i>)	NF	QL(4 ea daily)
PRISTIQ TB24 25 MG, 50 MG (<i>Use desvenlafaxine succinate</i>)	NF	QL(1 ea daily)
<i>venlafaxine hcl cp24 150 mg</i>	1	QL(2 ea daily)
<i>venlafaxine hcl cp24 37.5 mg</i>	1	QL(4 ea daily)
<i>venlafaxine hcl cp24 75 mg</i>	1	QL(5 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
<i>venlafaxine hcl tabs 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>	1	QL(3 ea daily)
<i>venlafaxine hcl tb24 150 mg</i>	1	QL(2 ea daily)
<i>venlafaxine hcl tb24 225 mg</i>	1	ST; QL(1 ea daily)
<i>venlafaxine hcl tb24 75 mg, 37.5 mg</i>	1	QL(1 ea daily)
Tricyclic Agents		
<i>amitriptyline hcl tabs</i>	1	
<i>amoxapine tabs</i>	3	
ANAFRANIL CAPS (<i>Use clomipramine hcl</i>)	NF	
<i>clomipramine hcl caps</i>	1	
<i>desipramine hcl tabs</i>	1	
<i>doxepin hcl caps</i>	1	
<i>doxepin hcl conc</i>	1	
<i>imipramine hcl tabs</i>	1	
<i>imipramine pamoate caps</i>	1	
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	
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)

Drug Name	Drug Tier	Requirements/Limits
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)
<i>glyburide-metformin tabs 2.5 mg-500 mg, 5 mg-500 mg</i>	1	QL(4 ea daily)
GLYXAMBI TABS	2	
JANUMET TABS	2	QL(2 ea daily)
JANUMET XR TB24 100 MG-1000 MG	2	QL(1 ea daily)
JANUMET XR TB24 50 MG-1000 MG, 50 MG-500 MG	2	QL(2 ea daily)
<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)

Drug Name	Drug Tier	Requirements/Limits
SYNJARDY TABS	2	QL(2 ea daily)
SYNJARDY XR TB24 10 MG-1000 MG, 12.5 MG-1000 MG, 5 MG-1000 MG	2	QL(2 ea daily)
SYNJARDY XR TB24 25 MG-1000 MG	2	QL(1 ea daily)
TRIJARDY XR TB24	2	
XIGDUO XR TB24 10 MG-1000 MG, 10 MG-500 MG, 5 MG-500 MG	3	PA; QL(1 ea daily)
XIGDUO XR TB24 2.5 MG-1000 MG	3	QL(2 ea daily)
XIGDUO XR TB24 5 MG-1000 MG	3	PA; QL(2 ea daily)
XULTOPHY 100/3.6 SOPN	2	PA; QL(0.5 ml daily)
Biguanides		
<i>metformin hcl tabs 1000 mg</i>	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</i>	1	QL(4 ea daily)
<i>metformin hcl tb24 750 mg</i>	1	QL(3 ea daily)
Diabetic Other		
BAQSIMI ONE PACK POWD	3	QL(0.69 ea daily)
BAQSIMI TWO PACK POWD	3	QL(0.69 ea daily)
<i>diazoxide susp</i>	1	
GLUCAGEN HYPOKIT SOLR	3	QL(0.035 ea daily)
<i>glucagon (rdna) kit</i>	1	QL(0.035 ea daily)
GLUCAGON EMERGENCY KIT KIT (<i>Use glucagon (rdna)</i>)	3	QL(0.035 ea daily)
GVOKE PFS SOSY	3	QL(0.02 ml daily)
PROGLYCEM SUSP (<i>Use diazoxide</i>)	NF	

Drug Name	Drug Tier	Requirements/ Limits
Dipeptidyl Peptidase-4 (DPP-4) Inhibitors		
<i>alogliptin benzoate tabs</i>	1	QL(1 ea daily)
JANUVIA TABS	2	QL(1 ea daily)
NESINA TABS (<i>Use alogliptin benzoate</i>)	NF	
Dopamine Receptor Agonists - Antidiabetic		
CYCLOSET TABS	3	QL(6 ea daily)
Incretin Mimetic Agents (GLP-1 Receptor)		
OZEMPIC SOPN 2 MG/1.5ML	2	PA; QL(0.054 ml daily)
OZEMPIC SOPN 2 MG/1.5ML, 4 MG/3ML	2	PA; QL(0.108 ml daily)
TRULICITY SOPN 0.75 MG/0.5ML, 1.5 MG/0.5ML	2	PA; QL(0.15 ml daily)
TRULICITY SOPN 3 MG/0.5ML, 4.5 MG/0.5ML	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 (CONCENTRATED) SOLN	2	
HUMULIN R U-500 KWIKPEN SOPN	2	

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

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

Drug Name	Drug Tier	Requirements/Limits
Antidotes - Chelating Agents		
CHEMET CAPS	3	
deferasirox pack 180 mg, 360 mg, 90 mg	4	PA
deferasirox tabs 180 mg, 360 mg, 90 mg	4	PA; SP
deferasirox tbso 125 mg, 250 mg, 500 mg	4	PA; SP
deferiprone tabs	1	
EXJADE TBSO (Use deferasirox)	NF	PA; SP
FERRIPROX TABS 500 MG (Use deferiprone)	3	
JADENU SPRINKLE PACK (Use deferasirox)	NF	PA
JADENU TABS (Use deferasirox)	NF	PA; SP
Antidotes and Specific Antagonists		
VISTOGARD PACK	4	PA
Opioid Antagonists		
EVZIO SOAJ	2	1 rtl MAX fill,90 rtl day(s) supply,
KLOXXADO LIQD	2	
naloxone hcl soaj 2 mg/0.4ml	1	1 rtl MAX fill,90 rtl day(s) supply,
naloxone hcl soct 0.4 mg/ml	1	
naloxone hcl soln 0.4 mg/ml, 4 mg/10ml	1	
naloxone hcl sosy 2 mg/2ml	1	
naltrexone hcl tabs	1	
NARCAN LIQD	2	
VIVITROL SUSR	2	
ANTIEMETICS - Drugs to Treat Nausea and Vomiting		
5-HT3 Receptor Antagonists		

Drug Name	Drug Tier	Requirements/Limits
ALOXI SOLN (<i>Use palonosetron hcl</i>)	NF	
ANZEMET TABS	3	PA; QL(0.167 ea daily)
<i>granisetron hcl soln iv 1 mg/ml</i>	1	
<i>granisetron hcl tabs or 1 mg</i>	1	QL(0.34 ea daily)
<i>ondansetron hcl soln ij 4 mg/2ml</i>	1	
<i>ondansetron hcl soln or 4 mg/5ml</i>	1	QL(3.34 ml daily)
<i>ondansetron hcl tabs or 24 mg</i>	1	QL(0.143 ea daily)
<i>ondansetron hcl tabs or 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 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>)	2	QL(0.34 ea daily)

Drug Name	Drug Tier	Requirements/Limits
TRANSDERM-SCOP PT72 (<i>Use scopolamine</i>)	2	QL(0.34 ea daily)
<i>trimethobenzamide hcl caps</i>	1	
Antiemetics - Miscellaneous		
AKYNZEO CAPS OR 0.5 MG-300 MG	3	PA
DICLEGIS TBEC (<i>Use doxylamine-pyridoxine</i>)	NF	PA; QL(4 ea daily)3 rti MAX fill,365 rti day(s) supply,3 mail MAX fill,365 mail day(s) supply,
<i>doxylamine-pyridoxine tbec</i>	1	PA; QL(4 ea daily)3 rti MAX fill,365 rti day(s) supply,3 mail MAX fill,365 mail day(s) supply,
<i>dronabinol caps</i>	1	
MARINOL CAPS (<i>Use dronabinol</i>)	NF	
Substance P/Neurokinin 1 (NK1) Receptor		
<i>aprepitant caps</i>	1	PA
<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)
<i>aprepitant misc</i>	1	PA
EMEND CAPS OR 40 MG (<i>Use aprepitant</i>)	NF	PA; QL(0.067 ea daily)
EMEND CAPS OR 80 MG (<i>Use aprepitant</i>)	NF	PA; QL(0.134 ea daily)
EMEND TRIPACK CAPS (<i>Use aprepitant</i>)	NF	PA
VARUBI TBPK	3	PA
ANTIFUNGALS - Drugs to Treat Fungal Infections		
Antifungal - Glucan Synthesis Inhibitors		
CANCIDAS SOLR (<i>Use caspofungin acetate</i>)	NF	

Drug Name	Drug Tier	Requirements/ Limits
<i>caspofungin acetate solr 50 mg, 70 mg</i>	1	
ERAXIS SOLR	3	
<i>micafungin sodium solr</i>	1	
MICAFUNGIN SOLR	3	
MYCAMINE SOLR (<i>Use micafungin sodium</i>)	3	
Antifungals		
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)

Drug Name	Drug Tier	Requirements/ Limits
<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
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	
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Antihistamines - Ethanolamines

<i>carbinoxamine maleate soln 4 mg/5ml</i>	1	
<i>carbinoxamine maleate tabs 4 mg</i>	1	
CLEMASTINE FUMARATE SYRP 0.67 MG/5ML	1	
<i>clemastine fumarate tabs 2.68 mg</i>	1	
<i>diphenhydramine hcl caps</i>	1	
<i>diphenhydramine hcl elix</i>	1	
<i>diphenhydramine hcl soln</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)

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

Drug Name	Drug Tier	Requirements/Limits
levocetirizine dihydrochloride tabs 5 mg	1	QL(1 ea daily); RX/OTC
loratadine caps	1	
loratadine chew	1	
loratadine soln	1	
loratadine syrpf	1	
loratadine tabs	1	
loratadine tbdp	1	
XYZAL ALLERGY 24HR CHILDRENS SOLN (Use levocetirizine dihydrochloride)	NF	QL(10 ml daily); RX/OTC
XYZAL ALLERGY 24HR TABS (Use levocetirizine dihydrochloride)	NF	QL(1 ea daily); RX/OTC
ZYRTEC ALLERGY CAPS (Use cetirizine hcl)	1	QL(1 ea daily)
ZYRTEC ALLERGY TABS (Use cetirizine hcl)	1	QL(1 ea daily)
ZYRTEC CHILDRENS ALLERGY SOLN (Use cetirizine hcl)	1	QL(10 ml daily); RX/OTC
Antihistamines - Phenothiazines		
PHENERGAN SOLN (Use promethazine hcl)	NF	
promethazine hcl soln	1	
promethazine hcl supp	1	
promethazine hcl syrpf	1	
promethazine hcl tabs	1	
Antihistamines - Piperidines		
cyproheptadine hcl syrpf	1	
cyproheptadine hcl tabs	1	
ANTIHYPERTENSIVES - Drugs to Treat High Cholesterol		
Antihyperlipidemics - Combinations		

Drug Name	Drug Tier	Requirements/Limits
<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; QL(4 ea daily)
LOVAZA CAPS (<i>Use omega-3-acid ethyl esters</i>)	NF	QL(4 ea daily)
<i>omega-3-acid ethyl esters caps</i>	1	QL(4 ea daily)
VASCEPA CAPS 0.5 GM	3	PA
VASCEPA CAPS 1 GM	3	PA; QL(4 ea daily)
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)
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)

Drug Name	Drug Tier	Requirements/Limits
QUESTRAN LIGHT POWD (<i>Use cholestyramine light</i>)	NF	QL(24 gm daily)
QUESTRAN PACK 4 GM (<i>Use cholestyramine</i>)	NF	QL(6 ea daily)
QUESTRAN POWD 4 GM/DOSE (<i>Use cholestyramine</i>)	NF	QL(25.2 gm daily)
WELCHOL PACK 3.75 GM (<i>Use colesevelam hcl</i>)	NF	PA; QL(1 ea daily)
WELCHOL TABS 625 MG (<i>Use colesevelam hcl</i>)	NF	QL(7 ea daily)
Fibric Acid Derivatives		
<i>choline fenofibrate cpdr</i>	1	QL(1 ea daily)
<i>fenofibrate micronized caps 134 mg, 200 mg, 67 mg</i>	1	QL(1 ea daily)
<i>fenofibrate tabs 145 mg, 48 mg, 54 mg, 160 mg</i>	1	QL(1 ea daily)
<i>gemfibrozil tabs</i>	1	QL(2 ea daily)
LOPID TABS (<i>Use gemfibrozil</i>)	NF	QL(2 ea daily)
TRICOR TABS (<i>Use fenofibrate</i>)	NF	QL(1 ea daily)
TRILIPIX CPDR (<i>Use choline fenofibrate</i>)	NF	QL(1 ea daily)
HMG CoA Reductase Inhibitors		
ALTOPREV TB24	3	ST; QL(1 ea daily)
<i>atorvastatin calcium tabs</i>	1	QL(1 ea daily)
CRESTOR TABS (<i>Use 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 (<i>Use atorvastatin calcium</i>)	NF	QL(1 ea daily)
LIVALO TABS	3	ST; QL(1 ea daily)
<i>lovastatin tabs 20 mg, 10 mg</i>	1	\$0 copay for generic only, age 40 to 76; QL(1 ea daily); PV

Drug Name	Drug Tier	Requirements/Limits
<i>lovastatin tabs 40 mg</i>	1	\$0 copay for generic only, age 40 to 76; QL(2 ea daily); PV
PRAVACHOL TABS (<i>Use pravastatin sodium</i>)	NF	QL(1 ea daily)
<i>pravastatin sodium tabs</i>	1	QL(1 ea daily)
<i>rosuvastatin calcium tabs</i>	3	QL(1 ea daily)
<i>simvastatin tabs 5 mg, 80 mg, 10 mg, 20 mg, 40 mg</i>	1	QL(1 ea daily)
ZOCOR TABS (<i>Use simvastatin</i>)	NF	QL(1 ea daily)
Intestinal Cholesterol Absorption Inhibitors		
<i>ezetimibe tabs</i>	1	QL(1 ea daily)
ZETIA TABS (<i>Use ezetimibe</i>)	NF	QL(1 ea daily)
Nicotinic Acid Derivatives		
<i>niacin (antihyperlipidemic) tbc 1000 mg, 500 mg, 750 mg</i>	1	QL(2 ea daily)
NIASPAN TBCR (<i>Use niacin (antihyperlipidemic)</i>)	NF	QL(2 ea daily)
Proprotein Convertase Subtilisin/Kexin Type 9		
REPATHA PUSHTRONEX SYSTEM SOCT	4	PA; QL(0.25 ml daily)
REPATHA SOSY	4	PA; QL(0.0714 ml daily)
REPATHA SURECLICK SOAJ	4	PA; QL(0.0714 ml daily)
ANTIHYPERTENSIVES - Drugs to Treat High Blood Pressure		
ACE Inhibitors		
ACCUPRIL TABS (<i>Use quinapril hcl</i>)	NF	
ALTACE CAPS (<i>Use ramipril</i>)	NF	
<i>benazepril hcl tabs</i>	1	
<i>captopril tabs</i>	1	
<i>enalapril maleate tabs 10 mg, 2.5 mg, 20 mg, 5 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>fosinopril sodium tabs</i>	1	
<i>lisinopril tabs</i>	1	
LOTENSIN TABS (<i>Use benazepril hcl</i>)	NF	
<i>moexipril hcl tabs</i>	1	
<i>perindopril erbumine tabs</i>	1	
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)

Drug Name	Drug Tier	Requirements/Limits
<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)
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	
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)

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

Drug Name	Drug Tier	Requirements/Limits
HYZAAR TABS 12.5 MG-50 MG (Use losartan potassium & hydrochlorothiazide)	NF	QL(2 ea daily)
irbesartan-hydrochlorothiazide tabs	1	
lisinopril & hydrochlorothiazide tabs	1	
LOPRESSOR HCT TABS (Use metoprolol & hydrochlorothiazide)	NF	
losartan potassium & hydrochlorothiazide tabs 12.5 mg-100 mg, 25 mg-100 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	

Drug Name	Drug Tier	Requirements/Limits
telmisartan-hydrochlorothiazide tabs	1	
TENORETIC 100 TABS (Use atenolol & chlorthalidone)	NF	
TENORETIC 50 TABS (Use atenolol & chlorthalidone)	NF	
trandolapril-verapamil hcl tbcr	1	
TRANDOLAPRIL/VERAPAMIL HCL ER TBCR	2	
TRIBENZOR TABS (Use olmesartan medoxomil-amlodipine-hydrochlorothiazide)	NF	ST
TWYNSTA TABS (Use telmisartan-amlodipine)	NF	
valsartan-hydrochlorothiazide tabs	1	
VASERETIC TABS (Use enalapril maleate & hydrochlorothiazide)	NF	
ZESTORETIC TABS (Use lisinopril & hydrochlorothiazide)	NF	
ZIAC TABS (Use bisoprolol & hydrochlorothiazide)	NF	QL(2 ea daily)
Antihypertensives - Misc.		
VECAMYL TABS	3	PA
Direct Renin Inhibitors		
aliskiren fumarate tabs	1	QL(1 ea daily)
TEKTURNA TABS (Use aliskiren fumarate)	NF	QL(1 ea daily)
Selective Aldosterone Receptor Antagonists		
eplerenone tabs	1	
INSPRA TABS (Use eplerenone)	NF	
Vasodilators		
hydralazine hcl soln	1	
hydralazine hcl tabs	1	

Drug Name	Drug Tier	Requirements/ Limits
<i>minoxidil tabs</i>	1	
ANTIMALARIALS - Drugs to Treat Malaria (Parasitic Infections)		
Antimalarial Combinations		
<i>atovaquone-proguanil hcl tabs</i>	1	Covered for malaria treatment only. Limit 1 fill every 180 days; QL(12 ea per fill retail, 12 ea per fill mail) 1 rtl MAX fill, 180 rtl day(s) supply, 1 mail MAX fill, 180 mail day(s) supply,
COARTEM TABS	2	Covered for malaria treatment only. Limit 1 fill every 180 days; QL(24 ea per fill retail, 24 ea per fill mail) 1 rtl MAX fill, 180 rtl day(s) supply, 1 mail MAX fill, 180 mail day(s) supply,
<i>MALARONE TABS (Use atovaquone-proguanil hcl)</i>	NF	Covered for malaria treatment only. Limit 1 fill every 180 days; QL(12 ea per fill retail, 12 ea per fill mail) 1 rtl MAX fill, 180 rtl day(s) supply, 1 mail MAX fill, 180 mail day(s) supply,
Antimalarials		

Drug Name	Drug Tier	Requirements/ Limits
<i>chloroquine phosphate tabs</i>	1	
DARAPRIM TABS (<i>Use pyrimethamine</i>)	3	PA; QL(3 ea daily)
<i>hydroxychloroquine sulfate tabs 200 mg</i>	1	
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 rtl MAX fill, 180 rtl day(s) supply, 1 mail MAX fill, 180 mail day(s) supply,
PLAQUENIL TABS (<i>Use hydroxychloroquine sulfate</i>)	NF	
<i>primaquine phosphate tabs</i>	3	
PRIMAQUINE PHOSPHATE TABS (<i>Use primaquine phosphate</i>)	NF	
<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 (<i>Use pyridostigmine bromide</i>)	NF	
MESTINON TABS (<i>Use pyridostigmine bromide</i>)	NF	
MESTINON TIMESPAN TBCR (<i>Use pyridostigmine bromide</i>)	NF	

Drug Name	Drug Tier	Requirements/Limits
NEOSTIGMINE METHYLSULFATE SOSY 3 MG/3ML	3	PA
<i>pyridostigmine bromide soln 60 mg/5ml</i>	1	
<i>pyridostigmine bromide tabs 60 mg</i>	1	
<i>pyridostigmine bromide tbcr 180 mg</i>	1	
RUZURGI TABS	4	PA
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</i>	1	
<i>isoniazid syrp</i>	1	
<i>isoniazid tabs</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	

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

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

Drug Name	Drug Tier	Requirements/Limits
FOLOTYN SOLN 20 MG/ML	4	PA; SP
<i>gemcitabine hcl solr 2 gm, 200 mg</i>	4	PA; SP
<i>mercaptopurine tabs</i>	1	
<i>methotrexate sodium soln ij 250 mg/10ml, 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
<i>nelarabine soln</i>	4	PA; SP
TABLOID TABS	4	PA; SP
TREXALL TABS	4	PA; SP
VIDAZA SUSR (Use azacitidine)	NF	PA; SP
XELODA TABS (Use capecitabine)	NF	PA; SP
Antineoplastic - Angiogenesis Inhibitors		
INLYTA TABS	4	PA; QL(2 ea daily); SP
LENVIMA 10 MG DAILY DOSE CPPK	4	PA; QL(1 ea daily)
LENVIMA 12MG DAILY DOSE CPPK	4	PA; QL(3 ea daily)
LENVIMA 14 MG DAILY DOSE CPPK	4	PA; QL(2 ea daily)
LENVIMA 18 MG DAILY DOSE CPPK	4	PA; QL(3 ea daily)
LENVIMA 20 MG DAILY DOSE CPPK	4	PA; QL(2 ea daily)
LENVIMA 24 MG DAILY DOSE CPPK	4	PA; QL(3 ea daily)
LENVIMA 4 MG DAILY DOSE CPPK	4	PA; QL(1 ea daily)
LENVIMA 8 MG DAILY DOSE CPPK	4	PA; QL(2 ea daily)
MVASI SOLN	4	PA
ZALTRAP SOLN 100 MG/4ML	4	PA; SP

Drug Name	Drug Tier	Requirements/Limits
ZIRABEV SOLN	4	PA
Antineoplastic - Anti-HER2 Agents		
HERCEPTIN SOLR	4	PA;
PERJETA SOLN	4	PA; SP
TUKYSA TABS	4	PA
Antineoplastic - Antibodies		
ADCETRIS SOLR	4	PA; SP
ARZERRA CONC	4	PA; SP
RITUXAN SOLN	4	PA; SP
RUXIENCE SOLN	4	PA
YERVOY SOLN	4	PA; SP
Antineoplastic - EGFR Inhibitors		
ERBITUX SOLN	4	PA; SP
<i>erlotinib hcl tabs</i>	4	PA; QL(1 ea daily); SP
GILOTRIF TABS	4	PA; QL(1 ea daily)
TARCEVA TABS (<i>Use erlotinib hcl</i>)	NF	PA; QL(1 ea daily); SP
VECTIBIX SOLN 100 MG/5ML	4	PA; SP
VIZIMPRO TABS	4	PA
Antineoplastic - Hedgehog Pathway Inhibitors		
DAURISMO TABS	4	PA
ERIVEDGE CAPS	4	PA; QL(1 ea daily); SP
ODOMZO CAPS	4	PA; QL(1 ea daily)
Antineoplastic - Hormonal and Related Agents		
<i>abiraterone acetate tabs 250 mg</i>	4	PA; QL(4 ea daily); SP
<i>abiraterone acetate tabs 500 mg</i>	4	PA; QL(2 ea daily)

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

Drug Name	Drug Tier	Requirements/Limits
LYSODREN TABS	4	PA; SP
<i>megestrol acetate susp</i>	1	
<i>megestrol acetate tabs</i>	1	
NILANDRON TABS (<i>Use nilutamide</i>)	NF	QL(2 ea daily)
<i>nilutamide tabs</i>	1	QL(2 ea daily)
NUBEQA TABS	4	PA
<i>tamoxifen citrate tabs</i>	0	
<i>toremifene citrate tabs</i>	1	
TRELSTAR MIXJECT SUSR	4	PA; SP
XTANDI CAPS 40 MG	4	PA; QL(4 ea daily); SP
YONSA TABS	4	PA
ZOLADEX IMPL 10.8 MG	4	PA; QL(0.0119 ea daily); SP
ZOLADEX IMPL 3.6 MG	4	PA; QL(0.0357 ea daily); SP
ZYTIGA TABS 250 MG (<i>Use abiraterone acetate</i>)	NF	PA; QL(4 ea daily); SP
ZYTIGA TABS 500 MG (<i>Use abiraterone acetate</i>)	4	PA; QL(2 ea daily)
Antineoplastic - Immunomodulators		
POMALYST CAPS	4	PA; QL(1 ea daily)
Antineoplastic - PDGFR-alpha Inhibitors		
AYVAKIT TABS 100 MG, 200 MG, 300 MG	4	PA; QL(1 ea daily)
Antineoplastic - XPO1 Inhibitors		
XPOVIO 100 MG ONCE WEEKLY TBPK	4	PA
XPOVIO 60 MG ONCE WEEKLY TBPK	4	PA
XPOVIO 80 MG ONCE WEEKLY TBPK	4	PA
XPOVIO 80 MG TWICE WEEKLY TBPK	4	PA
Antineoplastic Antibiotics		

Drug Name	Drug Tier	Requirements/Limits
<i>bleomycin sulfate solr 15 unit</i>	4	PA; SP
COSMEGEN SOLR (<i>Use dactinomycin</i>)	NF	PA; SP
<i>dactinomycin solr</i>	4	PA; SP
DOXIL INJ (<i>Use doxorubicin hcl liposomal</i>)	NF	PA; SP
<i>doxorubicin hcl liposomal inj</i>	4	PA; SP
<i>doxorubicin hcl soln</i>	4	PA; SP
<i>doxorubicin hcl solr</i>	4	PA; SP
ELLENCE SOLN 50 MG/25ML (<i>Use epirubicin hcl</i>)	NF	PA; SP
<i>epirubicin hcl soln 50 mg/25ml</i>	4	PA; SP
IDAMYCIN PFS SOLN 10 MG/10ML, 5 MG/5ML (<i>Use idarubicin hcl</i>)	NF	PA; SP
IDAMYCIN PFS SOLN 20 MG/20ML (<i>Use idarubicin hcl</i>)	NF	PA
<i>idarubicin hcl soln 10 mg/10ml, 5 mg/5ml</i>	4	PA; SP
<i>idarubicin hcl soln 20 mg/20ml</i>	4	PA
<i>mitomycin solr iv 20 mg</i>	4	PA; SP
<i>mitoxantrone hcl conc</i>	4	PA; SP
<i>valrubicin soln</i>	4	PA; SP
VALSTAR SOLN (<i>Use valrubicin</i>)	NF	PA; SP
Antineoplastic Combinations		
KISQALI FEMARA 200 DOSE TBPK	3	PA
KISQALI FEMARA 400 DOSE TBPK	3	PA
KISQALI FEMARA 600 DOSE TBPK	3	PA
Antineoplastic Enzyme Inhibitors		

Drug Name	Drug Tier	Requirements/Limits
AFINITOR TABS (<i>Use everolimus</i>)	NF	PA; QL(1 ea daily); SP
ALECENSA CAPS	4	PA; QL(4 ea daily)
ALUNBRIG TABS	4	PA; QL(1 ea daily)
ALUNBRIG TBPK	4	PA; QL(1 ea daily)
BALVERSA TABS	4	PA
BORTEZOMIB SOLR	4	PA;
BOSULIF TABS 100 MG, 500 MG	4	PA; QL(1 ea daily); SP
BOSULIF TABS 400 MG	4	PA;
BRAFTOVI CAPS	4	PA; SP
BRUKINSA CAPS	4	PA
CAPRELSA TABS	4	PA; QL(1 ea daily); SP
COMETRIQ KIT	4	PA; QL(2 ea daily); SP
COMETRIQ KIT	4	PA; QL(4 ea daily); SP
COMETRIQ KIT	4	PA; QL(3 ea daily); SP
COPIKTRA CAPS	4	PA
<i>everolimus tabs 10 mg, 5 mg, 7.5 mg, 2.5 mg</i>	4	PA; QL(1 ea daily); SP
GLEEVEC TABS (<i>Use imatinib mesylate</i>)	NF	PA; QL(2 ea daily); SP
IBRANCE CAPS	3	PA
IBRANCE TABS	3	PA
ICLUSIG TABS 10 MG, 30 MG, 45 MG	4	PA; QL(1 ea daily)
ICLUSIG TABS 15 MG	4	PA; QL(2 ea daily)
<i>imatinib mesylate tabs</i>	4	PA; QL(2 ea daily); SP
IMBRUVICA CAPS 140 MG	4	PA; QL(3 ea daily)

Drug Name	Drug Tier	Requirements/Limits
IMBRUVICA CAPS 70 MG	4	PA; QL(1 ea daily)
IMBRUVICA TABS 140 MG, 280 MG, 420 MG, 560 MG	4	PA; QL(1 ea daily)
INREBIC CAPS	4	PA
ISTODAX (<i>OVERFILL</i>) SOLR	4	PA; SP
JAKAFI TABS 10 MG, 20 MG	4	PA; SP
JAKAFI TABS 15 MG, 25 MG, 5 MG	4	PA; QL(2 ea daily); SP
KISQALI TBPK	3	PA
KOSELUGO CAPS	4	PA
KYPROLIS SOLR	4	PA
<i>lapatinib ditosylate tabs</i>	4	PA; QL(6 ea daily); SP
LORBRENA TABS	4	PA
LYNPARZA TABS	4	PA; QL(16 ea daily)
MEKINIST TABS 0.5 MG	4	PA; QL(3 ea daily)
MEKINIST TABS 2 MG	4	PA; QL(1 ea daily)
MEKTOVI TABS	4	PA; SP
NEXAVAR TABS	4	PA; QL(4 ea daily); SP
NINLARO CAPS	4	PA; QL(0.143 ea daily)
PEMAZYRE TABS	4	PA; QL(1 ea daily)
PIQRAY 200MG DAILY DOSE TBPK	4	PA
PIQRAY 250MG DAILY DOSE TBPK	4	PA
PIQRAY 300MG DAILY DOSE TBPK	4	PA
QINLOCK TABS	4	PA
RETEVMO CAPS	4	PA

Drug Name	Drug Tier	Requirements/Limits
ROMIDEPSIN SOLR 10 MG	4	PA; SP
ROZLYTREK CAPS	4	PA
RUBRACA TABS	4	PA; QL(4 ea daily)
SPRYCEL TABS	4	PA; QL(1 ea daily); SP
STIVARGA TABS	4	PA; QL(4 ea daily); SP
<i>sunitinib malate caps 12.5 mg, 25 mg, 50 mg</i>	4	PA; QL(1 ea daily); SP
SUTENT CAPS 12.5 MG, 25 MG, 50 MG (<i>Use sunitinib malate</i>)	4	PA; QL(1 ea daily); SP
TABRECTA TABS	4	PA
TAFINLAR CAPS	4	PA; QL(4 ea daily)
TALZENNA CAPS	4	PA
TASIGNA CAPS 150 MG, 200 MG	4	PA; QL(4 ea daily); SP
TASIGNA CAPS 50 MG	4	PA; QL(4 ea daily)
TAZVERIK TABS	4	PA
<i>temsirolimus soln</i>	4	PA; QL(0.143 ml daily); SP
TIBSOVO TABS	4	PA
TORISEL SOLN (<i>Use temsirolimus</i>)	NF	PA; QL(0.143 ml daily); SP
TURALIO CAPS	4	PA
TYKERB TABS (<i>Use lapatinib ditosylate</i>)	4	PA; QL(6 ea daily); SP
VELCADE SOLR	4	PA; SP
VERZENIO TABS	4	PA
VITRAKVI CAPS	4	PA
VITRAKVI SOLN	4	PA
VOTRIENT TABS	4	PA; QL(4 ea daily); SP

Drug Name	Drug Tier	Requirements/Limits
XALKORI CAPS	4	PA; QL(2 ea daily); SP
XOSPATA TABS	4	PA
ZEJULA CAPS	4	PA; QL(3 ea daily)
ZELBORAF TABS	4	PA; SP
ZOLINZA CAPS	4	PA; QL(4 ea daily); SP
ZYDELIG TABS	4	PA; QL(2 ea daily)
Antineoplastic Enzymes		
ERWINASE SOLR	4	PA; SP
ERWINAZE SOLR	4	PA; SP
ONCASPAR SOLN	4	PA; SP
Antineoplastics Misc.		
ACTIMMUNE SOLN	4	PA; SP
<i>arsenic trioxide soln 10 mg/10ml</i>	4	PA; SP
<i>bexarotene caps</i>	4	PA; SP
<i>dacarbazine solr 200 mg</i>	4	PA; SP
HYDREA CAPS (<i>Use hydroxyurea</i>)	NF	
<i>hydroxyurea caps</i>	1	
INTRON A SOLR 18 MU	4	PA; SP
MATULANE CAPS	4	PA; SP
NIPENT SOLR	4	PA; SP
PHOTOFRIN SOLR	4	PA; SP
PROLEUKIN SOLR	4	PA; SP
SYNRIBO SOLR	4	PA; SP
TARGRETIN CAPS OR 75 MG (<i>Use bexarotene</i>)	NF	PA; SP
<i>tretinoin (chemotherapy) caps</i>	1	

Drug Name	Drug Tier	Requirements/Limits
UVADEX SOLN	4	PA; SP
Chemotherapy Adjuncts		
KEPIVANCE SOLR	4	PA; SP
Chemotherapy Rescue/Antidote/Protective Agents		
<i>leucovorin calcium solr ij 500 mg, 100 mg, 200 mg, 350 mg, 50 mg</i>	1	
<i>leucovorin calcium tabs or 10 mg, 15 mg, 25 mg, 5 mg</i>	1	
VORAXAZE SOLR	4	PA; SP
Mitotic Inhibitors		
ABRAXANE SUSR	4	PA; SP
<i>docetaxel conc 20 mg/ml</i>	4	PA; SP
DOCETAXEL CONC 20 MG/ML (<i>Use docetaxel</i>)	NF	PA; SP
<i>docetaxel soln 20 mg/2ml</i>	4	PA; SP
DOCETAXEL SOLN 20 MG/2ML	4	PA; SP
DOCETAXEL SOLN 20 MG/2ML (<i>Use docetaxel</i>)	4	PA; SP
ETOPOPHOS SOLR	4	PA; SP
<i>etoposide caps</i>	4	PA; SP
<i>etoposide soln</i>	4	PA; SP
HALAVEN SOLN	4	PA; SP
IXEMPRA KIT SOLR 15 MG	4	PA; SP
JEVTANA SOLN	4	PA; SP
NAVELBINE SOLN 10 MG/ML (<i>Use vinorelbine tartrate</i>)	NF	PA; SP
<i>paclitaxel conc 150 mg/25ml, 100 mg/16.7ml, 6 mg/ml</i>	4	PA; SP
TAXOTERE CONC (<i>Use docetaxel</i>)	NF	PA; SP

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

Drug Name	Drug Tier	Requirements/Limits
<i>amantadine hcl caps</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	
CARBIDOPA/LEVODOPA ODT TBDP	1	
MIRAPEX TABS 0.125 MG (Use <i>pramipexole dihydrochloride</i>)	NF	QL(4 ea daily)
MIRAPEX TABS 0.25 MG, 0.5 MG, 0.75 MG, 1 MG, 1.5 MG (Use <i>pramipexole dihydrochloride</i>)	NF	
NEUPRO PT24	2	
PARLODEL CAPS (Use <i>bromocriptine mesylate</i>)	NF	
PARLODEL TABS (Use <i>bromocriptine mesylate</i>)	NF	
<i>pramipexole dihydrochloride tabs 0.125 mg</i>	1	QL(4 ea daily)
<i>pramipexole dihydrochloride tabs 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg</i>	1	
REQUIP XL TB24 12 MG, 8 MG (Use <i>ropinirole hydrochloride</i>)	NF	ST; QL(2 ea daily)
REQUIP XL TB24 6 MG (Use <i>ropinirole hydrochloride</i>)	NF	ST; QL(1 ea daily)

Drug Name	Drug Tier	Requirements/Limits
<i>ropinirole hydrochloride tabs 0.25 mg, 3 mg, 1 mg, 2 mg, 4 mg, 5 mg, 0.5 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 (Use <i>carbidopa-levodopa</i>)	NF	
SINEMET TABS (Use <i>carbidopa-levodopa</i>)	NF	
STALEVO 100 TABS (Use <i>carbidopa-levodopa-entacapone</i>)	1	
STALEVO 125 TABS (Use <i>carbidopa-levodopa-entacapone</i>)	1	
STALEVO 150 TABS (Use <i>carbidopa-levodopa-entacapone</i>)	1	
STALEVO 200 TABS (Use <i>carbidopa-levodopa-entacapone</i>)	1	
STALEVO 50 TABS (Use <i>carbidopa-levodopa-entacapone</i>)	1	
STALEVO 75 TABS (Use <i>carbidopa-levodopa-entacapone</i>)	1	
Antiparkinson Monoamine Oxidase Inhibitors		
AZILECT TABS (Use <i>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 tbcr</i>	1	

Drug Name	Drug Tier	Requirements/Limits
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 120 MG, 20 MG, 40 MG, 60 MG	3	PA; QL(1 ea daily)
LATUDA TABS 80 MG	3	PA; QL(2 ea daily)
<i>ziprasidone hcl caps</i>	1	QL(2 ea daily); AL(At least 18 yrs old)
Benzisoxazoles		
FANAPT TABS	2	PA; QL(2 ea daily)
FANAPT TITRATION PACK TABS	2	PA
INVEGA TB24 1.5 MG, 3 MG, 9 MG (<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 0.5 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)

Drug Name	Drug Tier	Requirements/Limits
<i>risperidone tabs 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	1	QL(4 ea daily)
<i>risperidone tbdp 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	1	QL(2 ea daily)
Butyrophenones		
HALDOL DECANOATE 100 SOLN (<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 0.5 mg, 1 mg, 10 mg, 2 mg, 5 mg</i>	1	QL(6 ea daily)
<i>haloperidol tabs 20 mg</i>	1	QL(5 ea daily)
Dibenzapines		
<i>asenapine maleate subl 10 mg, 5 mg</i>	1	PA; QL(2 ea daily)
<i>asenapine maleate subl 2.5 mg</i>	1	PA; QL(4 ea daily)
<i>clozapine tabs 100 mg</i>	1	QL(9 ea daily)
<i>clozapine tabs 200 mg</i>	1	QL(4 ea daily)
<i>clozapine tabs 50 mg, 25 mg</i>	1	QL(3 ea daily)
<i>clozapine tbdp 100 mg</i>	1	QL(9 ea daily)
<i>clozapine tbdp 12.5 mg, 150 mg</i>	1	QL(6 ea daily)
<i>clozapine tbdp 200 mg</i>	1	QL(4 ea daily)
<i>clozapine tbdp 25 mg</i>	1	QL(3 ea daily)
CLOZARIL TABS 100 MG (<i>Use clozapine</i>)	NF	QL(9 ea daily)

Drug Name	Drug Tier	Requirements/Limits
CLOZARIL TABS 200 MG (Use clozapine)	NF	QL(4 ea daily)
CLOZARIL TABS 50 MG, 25 MG (Use clozapine)	NF	QL(3 ea daily)
FAZACLO TBDP 100 MG (Use clozapine)	NF	QL(9 ea daily)
FAZACLO TBDP 12.5 MG (Use clozapine)	NF	QL(6 ea daily)
FAZACLO TBDP 150 MG (Use clozapine)	1	QL(6 ea daily)
FAZACLO TBDP 200 MG (Use clozapine)	1	QL(4 ea daily)
FAZACLO TBDP 25 MG (Use clozapine)	NF	QL(3 ea daily)
<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, 5 mg</i>	1	QL(2 ea daily)
<i>olanzapine tbdp or 20 mg</i>	1	QL(1 ea daily)
<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 (Use asenapine maleate)	3	PA; QL(2 ea daily)
SAPHRIS SUBL 2.5 MG (Use asenapine maleate)	3	PA; QL(4 ea daily)
SAPHRIS SUBL 5 MG	3	PA; QL(2 ea daily)

Drug Name	Drug Tier	Requirements/Limits
SEROQUEL TABS 100 MG, 200 MG, 25 MG, 50 MG (Use quetiapine fumarate)	NF	QL(4 ea daily); AL(At least 10 yrs old)
SEROQUEL TABS 300 MG, 400 MG (Use quetiapine fumarate)	NF	QL(2 ea daily); AL(At least 10 yrs old)
SEROQUEL XR TB24 150 MG, 200 MG, 50 MG (Use quetiapine fumarate)	NF	PA; QL(1 ea daily); AL(At least 10 yrs old)
SEROQUEL XR TB24 300 MG, 400 MG (Use quetiapine fumarate)	NF	PA; QL(2 ea daily); AL(At least 10 yrs old)
ZYPREXA SOLR IM 10 MG (Use olanzapine)	NF	QL(0.215 ea daily)
ZYPREXA TABS OR 10 MG, 15 MG, 20 MG, 7.5 MG (Use olanzapine)	NF	QL(2 ea daily)
ZYPREXA TABS OR 2.5 MG, 5 MG (Use olanzapine)	NF	QL(4 ea daily)
ZYPREXA ZYDIS TBDP 10 MG, 15 MG, 5 MG (Use olanzapine)	NF	QL(2 ea daily)
ZYPREXA ZYDIS TBDP 20 MG (Use olanzapine)	NF	QL(1 ea daily)
Phenothiazines		
<i>chlorpromazine hcl soln ij 25 mg/ml, 50 mg/2ml</i>	3	
<i>chlorpromazine hcl tabs or 10 mg, 100 mg, 200 mg, 25 mg, 50 mg</i>	1	
<i>fluphenazine hcl conc or 5 mg/ml</i>	1	QL(8 ml daily)
<i>fluphenazine hcl elix or 2.5 mg/5ml</i>	1	QL(78.9 ml daily)
<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	QL(4 ea daily)
<i>perphenazine tabs</i>	1	
<i>prochlorperazine maleate tabs</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>prochlorperazine supp</i>	1	
<i>thioridazine hcl tabs</i>	1	
<i>trifluoperazine hcl tabs</i>	1	
Quinolinone Derivatives		
ABILIFY TABS (Use <i>aripiprazole</i>)	NF	QL(1 ea daily); AL(At least 6 yrs old)
<i>aripiprazole soln 1 mg/ml</i>	3	QL(30 ml daily); AL(At least 6 yrs old)
<i>aripiprazole tabs 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg</i>	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	QL(32 ml daily)
<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, 300 mg</i>	1	QL(1 ea daily)
<i>atazanavir sulfate caps 200 mg</i>	1	QL(2 ea daily)
ATRIPLA TABS (Use <i>efavirenz-emtricitabine-tenofovir disoproxil fumarate</i>)	3	QL(1 ea daily)
BIKTARVY TABS	2	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/Limits
CIMDUO TABS	2	ST; QL(1 ea daily)
COMBIVIR TABS (Use <i>lamivudine-zidovudine</i>)	NF	QL(2 ea daily)
COMPLERA TABS	3	QL(1 ea daily)
CRIXIVAN CAPS 200 MG	2	QL(9 ea daily)
CRIXIVAN CAPS 400 MG	2	QL(6 ea daily)
DELSTRIGO TABS	3	QL(1 ea daily)
DESCOVY TABS	2	PA; QL(1 ea daily)
<i>didanosine cpdr 200 mg</i>	1	QL(2 ea daily)
<i>didanosine cpdr 250 mg, 400 mg</i>	1	QL(1 ea daily)
DOVATO TABS	2	QL(1 ea daily)
EDURANT TABS	2	QL(1 ea daily)
<i>efavirenz caps 200 mg</i>	1	QL(2 ea daily)
<i>efavirenz caps 50 mg</i>	1	QL(3 ea daily)
<i>efavirenz tabs 600 mg</i>	1	QL(1 ea daily)
<i>efavirenz-emtricitabine-tenofovir disoproxil fumarate tabs</i>	1	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 100 mg-150 mg, 133 mg-200 mg, 167 mg-250 mg</i>	1	QL(1 ea daily, 30 day(s) limit)
<i>emtricitabine-tenofovir disoproxil fumarate tabs 200 mg-300 mg</i>	0	QL(1 ea daily)
<i>emtricitabine-tenofovir disoproxil fumarate tabs 200 mg-300 mg</i>	0	QL(1 ea daily, 30 day(s) limit)
EMTRIVA CAPS 200 MG (Use <i>emtricitabine</i>)	2	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/Limits
EMTRIVA SOLN 10 MG/ML	2	QL(24 ml daily)
EPIVIR SOLN 10 MG/ML (Use lamivudine)	NF	QL(30 ml daily)
EPIVIR TABS 150 MG (Use lamivudine)	NF	QL(2 ea daily)
EPIVIR TABS 300 MG (Use lamivudine)	NF	QL(1 ea daily)
EPZICOM TABS (Use abacavir sulfate-lamivudine)	NF	QL(1 ea daily)
<i>etravirine tabs 100 mg</i>	1	QL(4 ea daily)
<i>etravirine tabs 200 mg</i>	1	QL(2 ea daily)
<i>fosamprenavir calcium tabs</i>	1	QL(4 ea daily)
FUZEON SOLR	4	PA; SP
GENVOYA TABS	2	QL(1 ea daily)
INTELENCE TABS 100 MG (Use etravirine)	2	QL(4 ea daily)
INTELENCE TABS 200 MG (Use etravirine)	2	QL(2 ea daily)
INTELENCE TABS 25 MG	2	QL(8 ea daily)
INVIRASE TABS	2	QL(4 ea daily)
ISENTRESS CHEW 100 MG, 25 MG	2	QL(6 ea daily)
ISENTRESS HD TABS	2	QL(2 ea daily)
ISENTRESS 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 25 MG-100 MG, 50 MG-200 MG (Use lopinavir-ritonavir)	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)

Drug Name	Drug Tier	Requirements/Limits
<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 100 mg/5ml-400 mg/5ml</i>	1	QL(12.5 ml daily)
<i>lopinavir-ritonavir tabs 25 mg-100 mg, 50 mg-200 mg</i>	1	QL(4 ea 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)
NORVIR SOLN 80 MG/ML	2	QL(15 ml daily)
NORVIR TABS 100 MG (Use ritonavir)	NF	QL(12 ea daily)
ODEFSEY TABS	2	QL(1 ea daily)
PIFELTRO TABS	2	QL(1 ea daily)
PREZCOBIX TABS	2	QL(1 ea daily)
PREZISTA SUSP 100 MG/ML	2	QL(12 ml daily)
PREZISTA TABS 150 MG, 600 MG, 75 MG	2	QL(2 ea daily)
PREZISTA TABS 800 MG	2	QL(1 ea daily)
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, 300 MG (Use atazanavir sulfate)	NF	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/Limits
REYATAZ CAPS 200 MG (Use atazanavir sulfate)	NF	QL(2 ea daily)
<i>ritonavir tabs</i>	1	QL(12 ea daily)
RUKOBIA TB12	4	PA
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 15 mg, 20 mg, 30 mg, 40 mg</i>	1	QL(2 ea daily)
STAVUDINE CAPS 15 MG, 30 MG	2	QL(2 ea daily)
STAVUDINE CAPS 20 MG, 40 MG	1	QL(2 ea daily)
STRIBILD TABS	3	QL(1 ea daily)
SUSTIVA CAPS 200 MG (Use efavirenz)	NF	QL(2 ea daily)
SUSTIVA CAPS 50 MG (Use efavirenz)	NF	QL(3 ea daily)
SUSTIVA TABS 600 MG (Use efavirenz)	NF	QL(1 ea daily)
SYMFI LO TABS (Use efavirenz-lamivudine-tenofovir disoproxil fumarate)	2	QL(1 ea daily)
SYMFI TABS (Use efavirenz-lamivudine-tenofovir disoproxil fumarate)	2	QL(1 ea daily)
SYMTUZA TABS	3	ST; QL(1 ea daily)
TEMIXYS TABS	2	ST; QL(1 ea daily)
<i>tenofovir disoproxil fumarate tabs</i>	1	
TIVICAY TABS	3	QL(2 ea daily)
TRIUMEQ TABS	2	QL(1 ea daily)
TRIZIVIR TABS (Use abacavir sulfate-lamivudine-zidovudine)	NF	QL(2 ea daily)

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

Drug Name	Drug Tier	Requirements/ Limits
VALCYTE TABS 450 MG (Use valganciclovir hcl)	NF	PA; QL(4 ea daily)
valganciclovir hcl tabs 450 mg	1	PA; QL(4 ea daily)
Hepatitis Agents		
adefovir dipivoxil tabs	4	PA; QL(1 ea daily); SP
BARACLUDE SOLN 0.05 MG/ML	4	PA; QL(20 ml daily); SP
BARACLUDE TABS 0.5 MG, 1 MG (Use entecavir)	NF	PA; QL(1 ea daily); SP
entecavir tabs	4	PA; QL(1 ea daily); SP
EPCLUSA TABS 100 MG-400 MG, 50 MG-200 MG	4	PA; QL(1 ea daily)
EPIVIR HBV SOLN 5 MG/ML	4	PA; QL(60 ml daily); SP
EPIVIR HBV TABS 100 MG (Use lamivudine (hbv))	NF	QL(3 ea daily); SP
HARVONI TABS 90 MG-400 MG	4	PA; QL(1 ea daily); SP
HEPSERA TABS (Use adefovir dipivoxil)	NF	PA; QL(1 ea daily); SP
lamivudine (hbv) tabs	1	QL(3 ea daily); SP
LEDIPASVIR/SOFOSBUVIR TABS	4	PA; QL(1 ea daily); SP
MAVYRET TABS 40 MG-100 MG	4	PA; QL(3 ea daily)
PEGASYS SOLN	4	PA; QL(0.0714 ml daily); SP
PEGINTRON KIT	4	PA; QL(0.143 ea daily); SP
ribavirin (hepatitis c) caps	1	PA; QL(7 ea daily)
ribavirin (hepatitis c) tabs	1	PA; QL(7 ea daily)
SOFOSBUVIR/VELPATASVIR TABS	4	PA; QL(1 ea daily)
SOVALDI TABS 400 MG	4	PA; QL(1 ea daily); SP
VEMLIDY TABS	4	PA; QL(1 ea daily); SP
VOSEVI TABS	4	PA; QL(1 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
ZEPATIER TABS	4	PA
Herpes Agents		
acyclovir caps 200 mg	1	QL(5 ea daily,50 ea per fill retail,50 ea per fill mail)
acyclovir susp 200 mg/5ml	1	QL(13.34 ml daily)
acyclovir tabs 400 mg, 800 mg	1	QL(5 ea daily)
famciclovir tabs 125 mg, 250 mg	1	QL(3 ea daily)
famciclovir tabs 500 mg	1	QL(4 ea daily)
valacyclovir hcl tabs 1 gm, 1000 mg	1	QL(4 ea daily)
valacyclovir hcl tabs 500 mg	1	QL(2 ea daily)
VALTREX TABS 1 GM (Use valacyclovir hcl)	NF	QL(4 ea daily)
VALTREX TABS 500 MG (Use valacyclovir hcl)	NF	QL(2 ea daily)
ZOVIRAX CAPS OR 200 MG (Use acyclovir)	NF	QL(5 ea daily,50 ea per fill retail,50 ea per fill mail)
ZOVIRAX SUSP OR 200 MG/5ML (Use acyclovir)	NF	QL(13.34 ml daily)
ZOVIRAX TABS OR 400 MG, 800 MG (Use acyclovir)	NF	QL(5 ea daily)
Influenza Agents		
FLUMADINE TABS (Use rimantadine hydrochloride)	NF	QL(2 ea daily)
oseltamivir phosphate caps or 30 mg, 45 mg, 75 mg	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,

Drug Name	Drug Tier	Requirements/ Limits
<i>oseltamivir phosphate susr or 6 mg/ml</i>	1	Limit 1 fill every 90 days.;QL(125 ml per fill retail)1 rtl MAX fill,90 rtl day(s) supply,
RELENZA DISKHALER AEPB	2	1 rtl pack lmt amt,30 rtl pack lmt day(s),
<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 rtl MAX fill,90 rtl day(s) supply,1 mail MAX fill,90 mail day(s) supply,
TAMIFLU SUSR 6 MG/ML (Use <i>oseltamivir phosphate</i>)	NF	Limit 1 fill every 90 days.;QL(125 ml per fill retail)1 rtl MAX fill,90 rtl day(s) supply,
BETA BLOCKERS - Drugs to Treat High Blood Pressure		
Alpha-Beta Blockers		
<i>carvedilol tabs</i>	1	
COREG TABS (Use <i>carvedilol</i>)	NF	
<i>labetalol hcl soln</i>	1	
<i>labetalol hcl tabs</i>	1	
Beta Blockers Cardio-Selective		
<i>acebutolol hcl caps</i>	1	
<i>atenolol tabs</i>	1	
<i>betaxolol hcl tabs</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
<i>bisoprolol fumarate tabs or 10 mg, 5 mg</i>	1	
BYSTOLIC TABS 2.5 MG, 10 MG, 5 MG (Use <i>nebivolol hcl</i>)	2	PA; QL(1 ea daily)
BYSTOLIC TABS 20 MG (Use <i>nebivolol hcl</i>)	2	PA; QL(2 ea daily)
LOPRESSOR TABS (Use <i>metoprolol tartrate</i>)	NF	
<i>metoprolol succinate tb24</i>	1	
<i>metoprolol tartrate soln iv 5 mg/5ml</i>	1	
<i>metoprolol tartrate tabs or 100 mg, 25 mg, 50 mg</i>	1	
<i>nebivolol hcl tabs 2.5 mg, 10 mg, 5 mg</i>	1	PA; QL(1 ea daily)
<i>nebivolol hcl tabs 20 mg</i>	1	PA; QL(2 ea daily)
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) tabs</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<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		
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	
CARDIZEM CD CP24 (<i>Use diltiazem hcl coated beads</i>)	NF	
CARDIZEM LA TB24 180 MG, 240 MG, 300 MG, 360 MG, 420 MG (<i>Use diltiazem hcl coated beads</i>)	NF	
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, 30 mg, 60 mg, 90 mg</i>	1	
<i>felodipine tb24</i>	1	
<i>isradipine caps</i>	1	
<i>nicardipine hcl caps</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>nicardipine hcl soln</i>	1	
<i>nifedipine caps</i>	1	
<i>nifedipine tb24</i>	1	
<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	
THIAZAC CP24 120 MG, 180 MG, 240 MG, 300 MG, 360 MG (<i>Use diltiazem hcl extended release beads</i>)	NF	
<i>verapamil hcl cp24</i>	1	
<i>verapamil hcl soln</i>	1	
<i>verapamil hcl tabs</i>	1	
<i>verapamil hcl tbcR</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 (<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	

Drug Name	Drug Tier	Requirements/Limits
LANOXIN TABS OR 250 MCG, 125 MCG (<i>Use digoxin</i>)	2	
LANOXIN TABS OR 62.5 MCG	2	
CARDIOVASCULAR AGENTS - MISC. - Drugs to Treat Heart and Circulation Conditions		
Cardiovascular Agents Misc. - Combinations		
<i>amlodipine besylate-atorvastatin calcium tabs</i>	1	QL(1 ea daily)
BIDIL TABS	2	
CADUET TABS (<i>Use amlodipine besylate-atorvastatin calcium</i>)	NF	QL(1 ea daily)
ENTRESTO TABS	3	PA
Impotence Agents		
CIALIS TABS 5 MG (<i>Use tadalafil</i>)	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
<i>treprostinil soln</i>	4	PA; SP
VELETRI SOLR (<i>Use epoprostenol sodium</i>)	NF	PA
VENTAVIS SOLN	4	PA; SP
Pulmonary Hypertension - Endothelin Receptor		

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>)	NF	PA; QL(1 ea daily); SP
OPSUMIT TABS	4	PA; QL(1 ea daily)
TRACLEER TABS 125 MG (<i>Use bosentan</i>)	NF	PA; QL(2 ea daily); SP
TRACLEER TABS 62.5 MG (<i>Use bosentan</i>)	NF	PA; QL(2 ea daily)
TRACLEER TBSO 32 MG	4	PA; QL(2 ea daily); 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		

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)
VYNDAQEL 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 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 (<i>Use cephalalexin</i>)	NF	
Cephalosporins - 2nd Generation		
<i>cefaclor caps</i>	1	
<i>cefaclor susr</i>	1	
CEFOTAN SOLR (<i>Use cefotetan disodium</i>)	NF	
<i>cefotetan disodium solr</i>	1	
<i>cefoxitin sodium solr 1 gm, 2 gm</i>	1	
<i>cefprozil susr</i>	1	
<i>cefprozil tabs</i>	1	
<i>cefuroxime axetil tabs</i>	1	
<i>cefuroxime sodium solr ij 750 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
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</i>	1	
<i>cefpodoxime proxetil susr</i>	1	
<i>cefpodoxime proxetil tabs</i>	1	
<i>ceftazidime solr ij 6 gm, 1 gm</i>	1	
<i>ceftriaxone sodium solr ij 250 mg, 500 mg, 1 gm, 2 gm</i>	1	
FORTAZ SOLR IJ 1 GM (<i>Use ceftazidime</i>)	NF	
SUPRAX SUSR 100 MG/5ML, 200 MG/5ML (<i>Use cefixime</i>)	NF	ST
Cephalosporins - 4th Generation		
<i>cefepime hcl solr</i>	1	
MAXIPIME SOLR IJ 1 GM, 2 GM (<i>Use cefepime hcl</i>)	NF	
Cephalosporins - 5th Generation		
TEFLARO SOLR	3	
CONTRACEPTIVES - Drugs to Prevent Pregnancy		
Combination Contraceptives - Oral		
BALCOLTRA TABS	0	
BEYAZ TABS (<i>Use drospirenone-ethinyl estradiol-levomefolate calcium</i>)	NF	
<i>desogestrel & ethinyl estradiol tabs</i>	0	

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

Drug Name	Drug Tier	Requirements/ Limits
<i>norethindrone & eth estradiol tabs</i>	0	
<i>norethindrone & ethinyl estradiol-fe chew</i>	0	
<i>norethindrone acet & eth estra tabs</i>	0	
<i>norethindrone acetate-ethinyl estradiol-fe tabs</i>	0	
<i>norethindrone-eth estradiol (triphasic) tabs</i>	0	
<i>norgestimate-ethinyl estradiol (triphasic) tabs</i>	0	
<i>norgestimate-ethinyl estradiol tabs</i>	0	
<i>norgestrel & ethinyl estradiol tabs</i>	0	
ORTHO TRI-CYCLEN LO TABS (Use <i>norgestimate-ethinyl estradiol (triphasic)</i>)	NF	
ORTHO-NOVUM 1/35 TABS (Use <i>norethindrone & eth estradiol</i>)	NF	
ORTHO-NOVUM 7/7/7 TABS (Use <i>norethindrone-eth estradiol (triphasic)</i>)	NF	
QUARTETTE TABS (Use <i>levonorgestrel-ethinyl estradiol (91-day)</i>)	NF	
SAFYRAL TABS (Use <i>drospirenone-ethinyl estradiol-levomefolate calcium</i>)	NF	
SEASONIQUE TABS (Use <i>levonorgestrel-ethinyl estradiol (91-day)</i>)	NF	
TAYTULLA CAPS (Use <i>norethin acet & estrad-fe</i>)	0	
TYBLUME CHEW	0	
YASMIN 28 TABS (Use <i>drospirenone-ethinyl estradiol</i>)	NF	
YAZ TABS (Use <i>drospirenone-ethinyl estradiol</i>)	NF	
Combination Contraceptives - Transdermal		

Drug Name	Drug Tier	Requirements/ Limits
<i>norelgestromin-ethinyl estradiol ptwk</i>	0	
TWIRLA PTWK	0	QL(3 ea per 28 days retail)
Combination Contraceptives - Vaginal		
ANNOVERA RING	0	PA
<i>etonogestrel-ethinyl estradiol ring</i>	0	
NUVARING RING (<i>Use etonogestrel-ethinyl estradiol</i>)	NF	
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>)	NF	
Progestin Contraceptives - IUD		
KYLEENA IUD	0	
LILETTA IUD	0	
MIRENA IUD	0	
SKYLA IUD	0	
Progestin Contraceptives - Implants		
NEXPLANON IMPL	0	
Progestin Contraceptives - Injectable		
DEPO-PROVERA CONTRACEPTIVE SUSP (<i>Use medroxyprogesterone acetate (contraceptive)</i>)	NF	QL(1 ml per 90 days retail)
DEPO-PROVERA CONTRACEPTIVE SUSY (<i>Use medroxyprogesterone acetate (contraceptive)</i>)	NF	QL(90 day(s) limit, 1 ml per 90 days retail)

Drug Name	Drug Tier	Requirements/ Limits
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>)	NF	
SLYND TABS	0	QL(1 ea daily)
CORTICOSTEROIDS - Steroid Hormone Drugs to Treat Systemic Swelling Conditions		
Glucocorticosteroids		
<i>budesonide cpep 3 mg</i>	1	QL(3 ea daily)
CORTEF TABS (<i>Use hydrocortisone</i>)	NF	
<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, 4 mg, 0.5 mg, 0.75 mg, 6 mg</i>	1	
EMFLAZA SUSP	4	PA

Drug Name	Drug Tier	Requirements/Limits
EMFLAZA TABS	4	PA
ENTOCORT EC CPEP (Use budesonide)	NF	QL(3 ea daily)
<i>hydrocortisone tabs</i>	1	
KENALOG-40 SUSP (Use triamcinolone acetate)	NF	
MEDROL DOSEPAK TBPK (Use methylprednisolone)	NF	
MEDROL TABS 16 MG, 32 MG, 4 MG, 8 MG (Use methylprednisolone)	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	
MILLIPRED TABS	3	
ORAPRED ODT TBDP (Use prednisolone sodium phosphate)	NF	
PEDIAPRED SOLN (Use prednisolone sodium phosphate)	NF	
<i>prednisolone sodium phosphate soln or 10 mg/5ml, 15 mg/5ml, 25 mg/5ml, 20 mg/5ml, 5 mg/5ml, 6.7 mg/5ml</i>	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	

Drug Name	Drug Tier	Requirements/Limits
<i>prednisone tbpk</i>	1	
SOLU-CORTEF SOLR 100 MG, 1000 MG, 500 MG	3	2 rtl MAX fill, 30 rtl day(s) supply,
SOLU-CORTEF SOLR 250 MG	3	
SOLU-MEDROL SOLR 2 GM	3	
SOLU-MEDROL SOLR 500 MG, 1000 MG, 125 MG, 40 MG (Use methylprednisolone sod succ)	NF	
<i>triamcinolone acetate susp 200 mg/5ml, 40 mg/ml, 400 mg/10ml</i>	1	
Mineralocorticoids		
<i>fludrocortisone acetate tabs</i>	1	
COUGH/COLD/ALLERGY - Drugs to Treat Cough, Cold and Allergy Symptoms		
Antitussives		
<i>benzonatate caps 100 mg</i>	1	QL(6 ea daily)
<i>benzonatate caps 150 mg</i>	1	QL(4 ea daily)
<i>benzonatate caps 200 mg</i>	1	QL(3 ea daily)
TESSALON PERLES CAPS (Use benzonatate)	NF	QL(6 ea daily)
Cough/Cold/Allergy Combinations		
ALLEGRA-D 12 HOUR ALLERGY & CONGESTION TB12 (Use fexofenadine-pseudoephedrine)	NF	QL(2 ea daily)
ALLEGRA-D 24 HOUR ALLERGY & CONGESTION TB24 (Use fexofenadine-pseudoephedrine)	NF	QL(1 ea daily)
<i>cetirizine-pseudoephedrine tb12</i>	1	QL(2 ea daily)
CLARITIN-D 12 HOUR TB12 (Use loratadine & pseudoephedrine)	1	QL(2 ea daily)

Drug Name	Drug Tier	Requirements/Limits
CLARITIN-D 24 HOUR TB24 (Use loratadine & pseudoephedrine)	1	QL(1 ea daily)
fexofenadine-pseudoephedrine tb12 60 mg-120 mg	1	QL(2 ea daily)
fexofenadine-pseudoephedrine tb24 180 mg-240 mg	1	QL(1 ea daily)
hydrocodone polistirex-chlorpheniramine polistirex suer	1	
loratadine & pseudoephedrine tb12 5 mg-120 mg	1	QL(2 ea daily)
loratadine & pseudoephedrine tb24 10 mg-10 mg-240 mg-240 mg	1	QL(1 ea daily)
TUZISTRA XR SUER	2	PA
ZYRTEC-D ALLERGY/CONGESTION TB12 (Use cetirizine-pseudoephedrine)	1	QL(2 ea daily)
Misc. Respiratory Inhalants		
HYPER-SAL NEBU (Use sodium chloride (inhalant))	NF	
HYPERSAL NEBU 3.5 %	1	
HYPERSAL NEBU 7 % (Use sodium chloride (inhalant))	NF	
NEBUSAL NEBU	1	
sodium chloride (inhalant) nebu 7 %	1	
Mucolytics		
acetylcysteine soln	1	
DERMATOLOGICALS - Drugs to Treat Skin Conditions		
Acne Products		
ABSORICA CAPS 30 MG, 10 MG, 20 MG, 40 MG (Use isotretinoin)	NF	PA; AL(At least 12 yrs old)

Drug Name	Drug Tier	Requirements/Limits
adapalene crea 0.1 %	1	PA; AL(At least 12 yrs old)
adapalene gel 0.1 %	1	PA; AL(At least 12 yrs old); RX/OTC
adapalene gel 0.3 %	1	ST; AL(At least 12 yrs old)
adapalene-benzoyl peroxide gel	1	ST; AL(At least 12 yrs old)
AZELEX CREA	3	ST; AL(At least 12 yrs old)
BENZAACLIN GEL (Use clindamycin phosphate-benzoyl peroxide)	NF	PA; AL(At least 12 yrs old)
BENZAACLIN WITH PUMP GEL (Use clindamycin phosphate-benzoyl peroxide)	NF	PA; AL(At least 12 yrs old)
BENZAMYCIN GEL (Use benzoyl peroxide-erythromycin)	NF	PA; AL(At least 12 yrs old)
BENZOYL PEROXIDE CLEANSER LIQD	2	AL(At least 12 yrs old)
benzoyl peroxide foam 5.3 %	1	AL(At least 12 yrs old); RX/OTC
benzoyl peroxide foam 9.8 %	1	AL(At least 12 yrs old)
benzoyl peroxide gel 5 %, 10 %	1	AL(At least 12 yrs old)
benzoyl peroxide liqd 4 %, 7 %, 10 %	1	AL(At least 12 yrs old)
benzoyl peroxide-erythromycin gel	1	PA; AL(At least 12 yrs old)
CLEOCIN-T GEL (Use clindamycin phosphate (topical))	NF	AL(At least 12 yrs old)
CLEOCIN-T LOTN (Use clindamycin phosphate (topical))	NF	AL(At least 12 yrs old)
CLINDAGEL GEL (Use clindamycin phosphate (topical))	NF	AL(At least 12 yrs old)
clindamycin phosphate (topical) foam	1	PA; AL(At least 12 yrs old)
clindamycin phosphate (topical) gel	1	AL(At least 12 yrs old)

Drug Name	Drug Tier	Requirements/ Limits
<i>clindamycin phosphate (topical) lotn</i>	1	AL(At least 12 yrs old)
<i>clindamycin phosphate (topical) soln</i>	1	QL(4 ml daily); AL(At least 12 yrs old)
<i>clindamycin phosphate (topical) swab</i>	1	AL(At least 12 yrs old)
<i>clindamycin phosphate-benzoyl peroxide (refrigerate) gel</i>	1	PA; AL(At least 12 yrs old)
<i>clindamycin phosphate-benzoyl peroxide gel 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 % (Use <i>adapalene</i>)	NF	PA; AL(At least 12 yrs old)
DIFFERIN GEL 0.1 % (Use <i>adapalene</i>)	NF	PA; AL(At least 12 yrs old); RX/OTC
DIFFERIN GEL 0.3 % (Use <i>adapalene</i>)	NF	ST; AL(At least 12 yrs old)
DIFFERIN LOTN 0.1 %	1	ST; AL(At least 12 yrs old)
DUAC GEL (Use <i>clindamycin phosphate-benzoyl peroxide (refrigerate)</i>)	NF	PA; AL(At least 12 yrs old)
EPIDUO GEL (Use <i>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 (Use <i>clindamycin phosphate (topical)</i>)	NF	PA; AL(At least 12 yrs old)
<i>isotretinoin caps 30 mg, 10 mg, 20 mg, 40 mg</i>	3	PA; AL(At least 12 yrs old)
KLARON LOTN (Use <i>sulfacetamide sodium (acne)</i>)	NF	AL(At least 12 yrs old)
RETIN-A CREA (Use <i>tretinoin</i>)	NF	AL(At least 12 yrs old - Up to 30 yrs old)

Drug Name	Drug Tier	Requirements/ Limits
RETIN-A GEL (Use <i>tretinoin</i>)	NF	AL(At least 12 yrs old - Up to 30 yrs old)
RETIN-A MICRO GEL 0.1 % (Use <i>tretinoin microsphere</i>)	NF	PA; AL(At least 12 yrs old - Up to 30 yrs old)
RETIN-A MICRO PUMP GEL 0.1 % (Use <i>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 5 %-10 %</i>	1	AL(At least 12 yrs old)
<i>sulfacetamide sodium w/ sulfur liqd 4.5 %-9 %</i>	1	ST; AL(At least 12 yrs old)
<i>sulfacetamide sodium-sulfur in urea vehicle emul</i>	1	AL(At least 12 yrs old)
SUMADAN WASH LIQD (Use <i>sulfacetamide sodium w/ sulfur</i>)	NF	ST; AL(At least 12 yrs old)
<i>tretinoin crea 0.05 %, 0.1 %, 0.025 %</i>	1	AL(At least 12 yrs old - 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)
VELTIN GEL (Use <i>clindamycin phosphate-tretinoin</i>)	NF	ST; AL(At least 12 yrs old)
ZIANA GEL (Use <i>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 sodium (topical) gel 1 %</i>	1	QL(3.34 gm daily); RX/OTC
FLECTOR PTCH (Use <i>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	
<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
<i>ciclopirox gel ex 0.77 %</i>	1	
<i>ciclopirox olamine crea</i>	1	
<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	QL(85 gm per fill retail,85 gm per fill mail)
ERTACZO CREA	3	
EXELDERM CREA (<i>Use sulconazole nitrate</i>)	3	
EXELDERM SOLN (<i>Use sulconazole nitrate</i>)	3	
JUBLIA SOLN	3	PA
KERYDIN SOLN (<i>Use tavaborole</i>)	3	PA

Drug Name	Drug Tier	Requirements/ Limits
<i>ketoconazole (topical) crea 2 %</i>	1	
<i>ketoconazole (topical) sham 2 %</i>	1	
LOPROX CREA (<i>Use ciclopirox olamine</i>)	NF	
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,
<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,

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

Drug Name	Drug Tier	Requirements/ Limits
OXISTAT LOTN	2	Limit 1 Fill per 180 days;QL(2 ml daily)1 rtl MAX fill,180 rtl day(s) supply,1 mail MAX fill,180 mail day(s) supply,
PENLAC NAIL LACQUER SOLN (Use <i>ciclopirox</i>)	NF	
<i>sulconazole nitrate crea</i>	1	
<i>sulconazole nitrate soln</i>	1	
<i>tavaborole soln</i>	1	PA
Antineoplastic or Premalignant Lesion Agents -		
<i>diclofenac sodium (actinic keratoses) gel</i>	1	PA; QL(3.34 gm daily)
EFUDEX CREA (Use <i>fluorouracil (topical)</i>)	NF	
<i>fluorouracil (topical) crea 5 %</i>	1	
<i>fluorouracil (topical) soln 2 %, 5 %</i>	1	
PANRETIN GEL	3	
PICATO GEL 0.015 %	2	QL(3 ea per fill retail,3 ea per fill mail)1 rtl MAX fill,60 rtl day(s) supply,1 mail MAX fill,60 mail day(s) supply,
PICATO GEL 0.05 %	2	QL(2 ea per fill retail,2 ea per fill mail)1 rtl MAX fill,60 rtl day(s) supply,1 mail MAX fill,60 mail day(s) supply,
TARGRETIN GEL EX 1 %	4	PA; SP
Antipruritics - Topical		

Drug Name	Drug Tier	Requirements/ Limits
<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	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 17.5 mg, 10 mg</i>	1	QL(1 ea daily)
<i>acitretin caps 25 mg</i>	1	QL(2 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
<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)
<i>calcitriol (topical) oint</i>	1	QL(3.34 gm daily)
COSENTYX SENSOREADY PEN SOAJ	4	PA; QL(0.072 ml daily)
COSENTYX SOSY 150 MG/ML	4	PA; QL(0.036 ml daily)
COSENTYX SOSY 150 MG/ML	4	PA; QL(0.072 ml daily)
DOVONEX CREA (<i>Use calcipotriene</i>)	NF	PA; QL(4 gm daily)
<i>methoxsalen rapid caps</i>	1	QL(4 ea daily)
OXSORALEN ULTRA CAPS (<i>Use methoxsalen rapid</i>)	NF	QL(4 ea daily)
SKYRIZI PEN SOAJ	4	PA; QL(0.025 ml daily)
SKYRIZI PSKT 75 MG/0.83ML	4	PA; QL(0.025 ea daily)
SKYRIZI SOSY 150 MG/ML	4	PA; QL(0.025 ml daily)
SORIATANE CAPS 10 MG (<i>Use acitretin</i>)	NF	QL(1 ea daily)
SORIATANE CAPS 25 MG (<i>Use acitretin</i>)	NF	QL(2 ea daily)
STELARA SOLN SC 45 MG/0.5ML	4	PA; QL(0.012 ml daily)
STELARA SOSY SC 45 MG/0.5ML	4	PA; QL(0.012 ml daily)
STELARA SOSY SC 90 MG/ML	4	PA; QL(0.018 ml daily); SP
<i>tazarotene crea</i>	1	PA
TAZORAC CREA 0.05 %	2	
TAZORAC CREA 0.1 % (<i>Use tazarotene</i>)	NF	PA
TAZORAC GEL 0.05 %, 0.1 %	2	

Drug Name	Drug Tier	Requirements/ Limits
TREMFYA SOPN	4	PA; QL(0.018 ml daily)
TREMFYA SOSY	4	PA; QL(0.018 ml daily)
VECTICAL OINT (Use calcitriol (topical))	1	QL(3.34 gm daily)
Antiseborrheic Products		
<i>selenium sulfide lotn</i>	1	
Antivirals - Topical		
<i>acyclovir topical crea</i>	1	
<i>acyclovir topical oint</i>	1	
DENAVIR CREA	3	QL(0.18 gm daily)
ZOVIRAX CREA EX 5 % (Use acyclovir topical)	NF	
ZOVIRAX OINT EX 5 % (Use acyclovir topical)	NF	
Burn Products		
<i>mafenide acetate pack</i>	3	
SILVADENE CREA (Use silver sulfadiazine)	NF	
<i>silver sulfadiazine crea</i>	1	
SULFAMYLON CREA 85 MG/GM	3	
SULFAMYLON PACK 5 % (Use mafenide acetate)	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	

Drug Name	Drug Tier	Requirements/ Limits
AMCINONIDE OINT	3	
<i>betamethasone dipropionate (topical) crea</i>	1	
<i>betamethasone dipropionate (topical) lotn</i>	1	
<i>betamethasone dipropionate (topical) oint</i>	1	
<i>betamethasone dipropionate augmented crea</i>	1	
<i>betamethasone dipropionate augmented lotn</i>	1	
<i>betamethasone dipropionate augmented oint</i>	1	
<i>betamethasone valerate crea 0.1 %</i>	1	
<i>betamethasone valerate foam 0.12 %</i>	1	QL(1.67 gm daily)
<i>betamethasone valerate lotn 0.1 %</i>	1	
<i>betamethasone valerate oint 0.1 %</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 (Use clocortolone pivalate)	3	

Drug Name	Drug Tier	Requirements/ Limits
CORDRAN CREA 0.05 % (Use flurandrenolide)	NF	
CORDRAN LOTN 0.05 % (Use flurandrenolide)	NF	
CORDRAN TAPE 4 MCG/SQCM	3	
CUTIVATE LOTN (Use fluticasone propionate)	NF	QL(6 ml daily)
DERMA-SMOOTH/FS BODY OIL (Use fluocinolone acetonide)	NF	QL(118.28 ml per fill retail)1 rtl MAX fill,30 rtl day(s) supply,
DERMA-SMOOTH/FS SCALP OIL (Use fluocinolone acetonide)	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)
<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	
<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,

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(2 gm daily)
<i>fluocinonide emulsified base crea</i>	1	QL(2 gm daily)
<i>fluocinonide gel 0.05 %</i>	1	
<i>fluocinonide oint 0.05 %</i>	1	QL(2 gm daily)
<i>fluocinonide soln 0.05 %</i>	1	QL(2 ml daily)
<i>flurandrenolide crea</i>	2	QL(2 gm daily)
<i>flurandrenolide lotn</i>	2	QL(2 ml daily)
<i>fluticasone propionate crea 0.05 %</i>	1	
<i>fluticasone propionate lotn 0.05 %</i>	1	QL(6 ml daily)
<i>fluticasone propionate oint 0.005 %</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>)	NF	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
<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	QL(1.67 gm daily)
<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	
TACLONEX OINT (Use <i>calcipotriene-betamethasone dipropionate</i>)	NF	ST

Drug Name	Drug Tier	Requirements/Limits
TACLONEX SUSP (Use <i>calcipotriene-betamethasone dipropionate</i>)	3	ST
TEMOVATE CREA (Use <i>clobetasol propionate</i>)	NF	PA; QL(3 gm daily)
TEMOVATE OINT (Use <i>clobetasol propionate</i>)	NF	PA; QL(1 gm daily)
TOPICORT CREA 0.25 % (Use <i>desoximetasone</i>)	NF	
TOPICORT GEL 0.05 % (Use <i>desoximetasone</i>)	NF	
TOPICORT OINT 0.25 % (Use <i>desoximetasone</i>)	NF	
<i>triamcinolone acetonide (topical) crea 0.025 %, 0.5 %</i>	1	
<i>triamcinolone acetonide (topical) crea 0.1 %</i>	1	QL(3.34 gm daily)
<i>triamcinolone acetonide (topical) lotn 0.025 %, 0.1 %</i>	1	
<i>triamcinolone acetonide (topical) oint 0.025 %, 0.1 %, 0.5 %</i>	1	
<i>triamcinolone acetonide-dimethicone-silicone kit</i>	1	PA
TRIDESILON CREA (Use <i>desonide</i>)	NF	QL(4 gm daily)
Eczema Agents		
DUPIXENT SOPN 300 MG/2ML	4	PA
DUPIXENT SOSY 200 MG/1.14ML, 300 MG/2ML	4	PA
Emollients		
LAC-HYDRIN CREA (Use <i>lactic acid (ammonium lactate)</i>)	NF	RX/OTC
LAC-HYDRIN TWELVE LOTN (Use <i>lactic acid (ammonium lactate)</i>)	NF	RX/OTC
<i>lactic acid (ammonium lactate) crea</i>	1	RX/OTC
<i>lactic acid (ammonium lactate) lotn</i>	1	RX/OTC
Enzymes - Topical		

Drug Name	Drug Tier	Requirements/Limits
SANTYL OINT	3	PA
Immunomodulating Agents - Topical		
ALDARA CREA (Use <i>imiquimod</i>)	NF	QL(12 ea per fill retail, 12 ea per fill mail)
<i>imiquimod crea 5 %</i>	1	QL(12 ea per fill retail, 12 ea per fill mail)
Immunosuppressive Agents - Topical		
ELIDEL CREA (Use <i>pimecrolimus</i>)	NF	PA; AL(At least 2 yrs old)
<i>pimecrolimus crea</i>	1	PA; AL(At least 2 yrs old)
PROTOPIC OINT (Use <i>tacrolimus (topical)</i>)	NF	PA; AL(At least 2 yrs old)
<i>tacrolimus (topical) oint</i>	1	PA; 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 ex 5 %</i>	1	PA
<i>lidocaine-prilocaine crea</i>	1	QL(1 gm daily)
LIDODERM PTCH (Use <i>lidocaine</i>)	NF	PA
SYNERA PTCH	3	QL(10 ea per fill retail, 10 ea per fill mail) 1 rtl MAX fill, 30 rtl day(s) supply, 1 mail MAX fill, 30 mail day(s) supply,
Phosphodiesterase 4 (PDE4) Inhibitors - Topical		

Drug Name	Drug Tier	Requirements/Limits
EUCRISA OINT	3	PA; QL(2 gm daily)
Rosacea Agents		
<i>azelaic acid gel</i>	1	PA
FINACEA GEL (Use <i>azelaic acid</i>)	NF	PA
METROCREAM CREA (Use <i>metronidazole (topical)</i>)	NF	
METROGEL GEL (Use <i>metronidazole (topical)</i>)	NF	
METROLOTION LOTN (Use <i>metronidazole (topical)</i>)	NF	
<i>metronidazole (topical) crea</i>	1	
<i>metronidazole (topical) gel</i>	1	
<i>metronidazole (topical) lotn</i>	1	
MIRVASO GEL	3	PA; QL(1 gm daily)
Scabicides & Pediculicides		
<i>crotamiton lotn</i>	1	PA
ELIMITE CREA (Use <i>permethrin</i>)	NF	
EURAX CREA	3	
EURAX LOTN (Use <i>crotamiton</i>)	NF	PA
<i>ivermectin (pediculicide) lotn</i>	1	PA; RX/OTC
IVERMECTIN LOTN EX 0.5 %	3	PA; RX/OTC
<i>lindane sham</i>	1	
<i>malathion lotn</i>	1	
NATROBA SUSP (Use <i>spinosad</i>)	1	PA
NIX CREME RINSE LIQD (Use <i>permethrin</i>)	NF	
OVIDE LOTN (Use <i>malathion</i>)	NF	

Drug Name	Drug Tier	Requirements/ Limits
<i>permethrin crea</i>	1	
<i>permethrin liqd</i>	1	
SKLICE LOTN (<i>Use ivermectin (pediculicide)</i>)	3	PA; RX/OTC
<i>spinosad susp</i>	1	PA
ULESFIA LOTN	3	
Wound Care Products		
REGANEX GEL	3	
DIAGNOSTIC PRODUCTS		
Diagnostic Drugs		
GLUCAGEN DIAGNOSTIC SOLR	3	QL(0.035 ea daily)
Diagnostic Tests		
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	
PTS PANELS KETONE TEST STRP	1	
RELION KETONE TEST STRIPS STRP	1	
RELION TRUE METRIX BLOODGLUCOSE TEST STRIPS STRP	1	QL(3.34 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
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	
DYAZIDE CAPS (<i>Use triamterene & hydrochlorothiazide</i>)	NF	
MAXZIDE TABS (<i>Use triamterene & hydrochlorothiazide</i>)	NF	

Drug Name	Drug Tier	Requirements/Limits
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)
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>torseamide 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>)	NF	QL(3 ea daily)
<i>spironolactone tabs</i>	1	
<i>triamterene caps</i>	1	QL(3 ea daily)
Thiazides and Thiazide-Like Diuretics		
<i>chlorthalidone tabs</i>	1	
<i>hydrochlorothiazide caps</i>	1	QL(2 ea daily)
<i>hydrochlorothiazide tabs</i>	1	QL(2 ea daily)

Drug Name	Drug Tier	Requirements/Limits
<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>metolazone tabs</i>	1	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)
<i>alendronate sodium tabs 35 mg, 70 mg</i>	1	QL(0.143 ea daily)
<i>alendronate sodium tabs 5 mg, 10 mg</i>	1	QL(1 ea daily)
AELVIA TBEC (<i>Use risedronate sodium</i>)	NF	PA
BONIVA SOLN IV 3 MG/3ML (<i>Use ibandronate sodium</i>)	NF	PA; SP
BONIVA TABS OR 150 MG (<i>Use ibandronate sodium</i>)	NF	QL(0.036 ea daily)
<i>calcitonin (salmon) soln na 200 unit/act</i>	1	
<i>etidronate disodium tabs</i>	1	
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 soln 30 mg, 90 mg</i>	4	PA; SP

Drug Name	Drug Tier	Requirements/Limits
PROLIA SOSY	4	PA; 1 rtl MAX fill, 180 rtl day(s) supply,; SP
RECLAST SOLN (<i>Use zoledronic acid</i>)	NF	PA; SP
<i>risedronate sodium tabs 150 mg</i>	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
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>)	NF	PA
Growth Hormone Receptor Antagonists		
SOMAVERT SOLR 10 MG, 15 MG, 20 MG	4	PA; SP

Drug Name	Drug Tier	Requirements/Limits
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 FLEXPLO SOPN 10 MG/1.5ML, 15 MG/1.5ML, 5 MG/1.5ML	4	PA; SP
NORDITROPIN FLEXPLO 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
SAIZEN SOLR	4	PA; SP
SAIZENPREP RECONSTITUTIONKIT SOLR	4	PA; SP
SEROSTIM SOLR	4	PA; SP
ZOMACTON SOLR	4	PA; SP
ZORBTIVE SOLR	4	PA; SP
Hormone Receptor Modulators		
EVISTA TABS (<i>Use raloxifene hcl</i>)	NF	QL(1 ea daily)
OSPHENA TABS	3	PA
<i>raloxifene hcl tabs</i>	0	QL(1 ea daily)
Insulin-Like Growth Factors (Somatomedins)		
INCRELEX SOLN	4	PA; SP
LHRH/GnRH Agonist Analog Pituitary		

Drug Name	Drug Tier	Requirements/Limits
FENSOLVI KIT	4	PA; SP
LUPANETA PACK KIT	4	PA
LUPRON DEPOT-PED (1-MONTH) KIT	4	PA; SP
LUPRON DEPOT-PED (3-MONTH) KIT 30 MG	4	PA; SP
SYNAREL SOLN	4	PA; SP
Metabolic Modifiers		
ALDURAZYME SOLN	4	PA; SP
BUPHENYL POWD (Use sodium phenylbutyrate)	NF	PA
BUPHENYL TABS (Use sodium phenylbutyrate)	NF	PA
<i>calcitriol caps</i>	1	
<i>calcitriol soln</i>	1	
CARBAGLU TABS	4	PA; SP
<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 (Use doxercalciferol)	NF	
KUVAN PACK (Use sapropterin dihydrochloride)	NF	PA;
KUVAN TABS (Use sapropterin dihydrochloride)	NF	PA;
LUMIZYME SOLR	4	PA; SP

Drug Name	Drug Tier	Requirements/Limits
MYALEPT SOLR	4	PA
NAGLAZYME SOLN	4	PA; SP
<i>nitisinone caps</i>	4	PA; SP
ORFADIN CAPS 10 MG, 2 MG, 5 MG (Use nitisinone)	NF	PA; SP
PALYNZIQ SOSY	4	PA
<i>paricalcitol caps</i>	1	
<i>paricalcitol soln</i>	1	
ROCALTROL CAPS (Use calcitriol)	NF	
ROCALTROL SOLN (Use calcitriol)	NF	
<i>sapropterin dihydrochloride pack</i>	4	PA;
<i>sapropterin dihydrochloride tabs</i>	4	PA;
SENSIPAR TABS (Use cinacalcet hcl)	NF	PA; QL(4 ea daily); SP
<i>sodium phenylbutyrate powd</i>	1	PA
<i>sodium phenylbutyrate tabs</i>	1	PA
ZEMPLAR CAPS (Use paricalcitol)	NF	
ZEMPLAR SOLN (Use paricalcitol)	NF	
Posterior Pituitary Hormones		
DDAVP SOLN IJ 4 MCG/ML (Use desmopressin acetate)	NF	PA
DDAVP SOLN NA 0.01 % (Use desmopressin acetate spray)	NF	
DDAVP TABS OR 0.1 MG (Use desmopressin acetate)	NF	QL(6 ea daily)
DDAVP TABS OR 0.2 MG (Use desmopressin acetate)	NF	QL(8 ea daily)
<i>desmopressin acetate soln ij 4 mcg/ml</i>	1	PA

Drug Name	Drug Tier	Requirements/Limits
DESMOPRESSIN ACETATE SOLN NA 1.5 MG/ML	4	PA; SP
<i>desmopressin acetate spray refrigerated soln</i>	1	
<i>desmopressin acetate spray soln</i>	1	
<i>desmopressin acetate tabs or 0.1 mg</i>	1	QL(6 ea daily)
<i>desmopressin acetate tabs or 0.2 mg</i>	1	QL(8 ea daily)
STIMATE SOLN	4	PA; SP
Prolactin Inhibitors		
<i>cabergoline tabs</i>	1	
Somatostatic Agents		
<i>octreotide acetate soln</i>	4	PA; SP
SANDOSTATIN SOLN (Use <i>octreotide acetate</i>)	NF	PA; SP
SIGNIFOR SOLN	4	PA
SOMATULINE DEPOT SOLN 120 MG/0.5ML	4	PA; QL(0.0179 ml daily); SP
SOMATULINE DEPOT SOLN 60 MG/0.2ML	4	PA; QL(0.0075 ml daily); SP
SOMATULINE DEPOT SOLN 90 MG/0.3ML	4	PA; QL(0.011 ml daily); SP
Vasopressin Receptor Antagonists		
JYNARQUE TABS 15 MG, 30 MG	4	PA; QL(2 ea daily); SP
JYNARQUE TBPK	4	PA; SP
SAMSCA TABS (Use <i>tolvaptan</i>)	4	PA; QL(2 ea daily); SP
<i>tolvaptan tabs</i>	4	PA; QL(2 ea daily); SP
ESTROGENS - Hormone Replacement/Modifying Drugs		
Estrogen Combinations		
CLIMARA PRO PTWK	3	
DUAVEE TABS	3	PA

Drug Name	Drug Tier	Requirements/Limits
FEMHRT TABS (Use <i>norethindrone acetate-ethinyl estradiol</i>)	NF	
<i>norethindrone acetate-ethinyl estradiol tabs</i>	1	
PREMPHASE TABS	2	
PREMPRO TABS	2	
Estrogens		
CLIMARA PTWK (Use <i>estradiol</i>)	NF	
DELESTROGEN OIL 10 MG/ML	1	
DELESTROGEN OIL 20 MG/ML, 40 MG/ML (Use <i>estradiol valerate</i>)	NF	
DEPO-ESTRADIOL OIL	3	
DIVIGEL GEL 0.25 MG/0.25GM, 0.5 MG/0.5GM, 1 MG/GM	3	
ELESTRIN GEL	3	
ESTRACE TABS (Use <i>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 0.025 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr, 0.05 mg/24hr, 0.06 mg/24hr, 37.5 mcg/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	

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

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

Drug Name	Drug Tier	Requirements/Limits
DELZICOL CPDR (<i>Use mesalamine</i>)	NF	
DIPENTUM CAPS	2	
INFLECTRA SOLR	4	PA;
LIALDA TBEC (<i>Use mesalamine</i>)	NF	
<i>mesalamine cp24 or 0.375 gm</i>	1	PA
<i>mesalamine cpdr or 400 mg</i>	1	
<i>mesalamine enem re 4 gm</i>	1	
<i>mesalamine supp re 1000 mg</i>	1	
<i>mesalamine tbec or 1.2 gm</i>	1	
<i>mesalamine tbec or 800 mg</i>	1	QL(6 ea daily)
RENFLXIS SOLR	4	PA;
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>alosetron hcl tabs</i>	1	QL(2 ea daily)
LINZESS CAPS	2	PA; QL(1 ea daily)
LOTRONEX TABS (<i>Use alosetron hcl</i>)	NF	QL(2 ea daily)
Peripheral Opioid Receptor Antagonists		
<i>alvimopan caps</i>	1	
ENTEREG CAPS (<i>Use alvimopan</i>)	3	
RELISTOR SOLN SC 12 MG/0.6ML, 8 MG/0.4ML	3	PA
Phosphate Binder Agents		

Drug Name	Drug Tier	Requirements/Limits
<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	
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 10 meq, 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	

Drug Name	Drug Tier	Requirements/Limits
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)
<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</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	
Gout Agents		
<i>allopurinol tabs</i>	1	
<i>colchicine tabs</i>	1	
COLCRYS TABS (<i>Use colchicine</i>)	NF	

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

Drug Name	Drug Tier	Requirements/Limits
CABLIVI KIT	4	PA
<i>cilostazol tabs</i>	1	
<i>clopidogrel bisulfate tabs 300 mg</i>	1	
<i>clopidogrel bisulfate tabs 75 mg</i>	1	QL(1 ea daily)
<i>dipyridamole tabs</i>	1	
EFFIENT TABS (Use <i>prasugrel hcl</i>)	NF	QL(1 ea daily)
PLAVIX TABS (Use <i>clopidogrel bisulfate</i>)	NF	QL(1 ea daily)
<i>prasugrel hcl tabs</i>	1	QL(1 ea daily)
ZONTIVITY TABS	3	PA
HEMATOPOIETIC AGENTS - Drugs to Treat Blood Disorders		
Agents for Gaucher Disease		
CERDELGA CAPS	4	PA; QL(2 ea daily)
CEREZYME SOLR	4	PA; SP
ELELYSO SOLR	4	PA; SP
<i>miglustat caps</i>	4	PA; QL(3 ea daily); SP
VPRIV SOLR	4	PA; SP
ZAVESCA CAPS (Use <i>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 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

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;
ZIEXTENZO SOSY	4	PA;
Hematopoietic Mixtures		
<i>ferrous fumarate-folic acid tabs</i>	1	QL(1 ea daily)
Iron		
FER-IN-SOL SOLN (<i>Use ferrous sulfate</i>)	0	AL(Up to 1 yrs old)
<i>ferrous sulfate soln 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, 16.2 mg, 32.4 mg, 64.8 mg, 97.2 mg, 15 mg, 30 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>)	NF	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)
<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)

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 tbcr or 6.25 mg, 12.5 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>)	NF	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
GOLYTELY SOLR (<i>Use peg 3350-kcl-sod bicarb-sod chloride-sod sulfate</i>)	0	
MOVIPREP SOLR (<i>Use peg 3350-kcl-nacl-na sulfate-na ascorbate-ascorbic acid</i>)	2	PA
<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-5.86 gm-6.74 gm-22.74 gm-236 gm</i>	0	

Drug Name	Drug Tier	Requirements/Limits
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	
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	
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	

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

Drug Name	Drug Tier	Requirements/Limits
<i>erythromycin base cpep 250 mg</i>	3	
<i>erythromycin base tabs 250 mg, 500 mg</i>	3	
<i>erythromycin base tbec 333 mg, 500 mg, 250 mg</i>	1	
<i>erythromycin ethylsuccinate susr 200 mg/5ml, 400 mg/5ml</i>	1	
<i>erythromycin ethylsuccinate tabs 400 mg</i>	3	
Fidaxomicin		
DIFICID TABS 200 MG	2	
MEDICAL DEVICES AND SUPPLIES		
Contraceptives		
AIMSCO LUBRICATED MISC	0	QL(2 ea daily)
CAYA DPRH	0	
DUREX EXTRA SENSITIVE DEVI	0	QL(2 ea daily)
FANTASY LUBRICATED MISC	0	QL(2 ea daily)
FANTASY LUBRICATED/SPERMICID E MISC	0	QL(2 ea daily)
FC FEMALE CONDOM MISC	0	QL(1 ea daily)
FEMCAP DEVI	0	
K-Y ME & YOU EXTRA LUBRICATED DEVI	0	QL(2 ea daily)
K-Y ME & YOU INTENSE DEVI	0	QL(2 ea daily)
KAMELEON LUBRICATED MISC	0	QL(2 ea daily)
KIMONO COLORS DEVI	0	QL(2 ea daily)
KIMONO LUBRICATED MISC	0	QL(2 ea daily)
KIMONO MICRO THIN PLUS SPERMICIDE LUBRICATED MISC	0	QL(2 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
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)
TRUSTEX LUBRICATED EXTRASTRENGTH MISC	0	QL(2 ea daily)
TRUSTEX LUBRICATED MISC	0	QL(2 ea daily)
TRUSTEX LUBRICATED/RIBBED/STUDDERED MISC	0	QL(2 ea daily)
TRUSTEX LUBRICATED/SPERMICIDE EXTRA LARGE MISC	0	QL(2 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
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/STUDDERED 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	
WIDE-SEAL SILICONE DIAPHRAGM KIT 85 DPRH	0	
WIDE-SEAL SILICONE DIAPHRAGM KIT 90 DPRH	0	
WIDE-SEAL SILICONE DIAPHRAGM KIT 95 DPRH	0	

Drug Name	Drug Tier	Requirements/ Limits
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)
ADVOCATE LANCETS MISC	1	QL(6.6667 ea daily)
ADVOCATE LANCING DEVICE MISC	1	
ADVOCATE RAPID-SAFE LANCING DEVICE MISC	1	
ADVOCATE SAFETY LANCETS 26G MISC	1	QL(6.6667 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
ADVOCATE SAFETY LANCETS MISC	1	QL(6.6667 ea daily)
AGAMATRIX ULTRA-THIN LANCETS 33G MISC	1	QL(6.6667 ea daily)
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	
ASSURE HAEMOLANCE PLUS HIGH FLOW 18G MISC	1	QL(6.6667 ea daily)
ASSURE HAEMOLANCE PLUS LOW FLOW 25G MISC	1	QL(6.6667 ea daily)
ASSURE HAEMOLANCE PLUS MICRO FLOW 28G MISC	1	QL(6.6667 ea daily)
ASSURE HAEMOLANCE PLUS NORMAL FLOW 21G MISC	1	QL(6.6667 ea daily)
ASSURE HAEMOLANCE PLUS PEDIATRIC BLADE MISC	1	QL(6.6667 ea daily)
ASSURE LANCE LANCETS 21G MISC	1	QL(6.6667 ea daily)
ASSURE LANCE LANCETS MISC	1	QL(6.6667 ea daily)
ASSURE LANCE PLUS SAFETYLANCETS 25G MISC	1	QL(6.6667 ea daily)
ASSURE LANCE PLUS SAFETYLANCETS 30G MISC	1	QL(6.6667 ea daily)
ASSURE 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)

Drug Name	Drug Tier	Requirements/ Limits
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 SUPER THIN/30G MISC	1	QL(6.6667 ea daily)
CAREONE LANCET THIN MISC	1	QL(6.6667 ea daily)
CARESENS LANCETS MISC	1	QL(6.6667 ea daily)
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)

Drug Name	Drug Tier	Requirements/ Limits
CARETOUCH TWIST LANCETS 33G MISC	1	QL(6.6667 ea daily)
CLEANLET LANCETS 28G MISC	1	QL(6.6667 ea daily)
COAGUCHEK LANCETS MISC	1	QL(6.6667 ea daily)
COMFORT ASSURED LANCETS MICRO THIN 33G MISC	1	QL(6.6667 ea daily)
COMFORT ASSURED LANCETS SUPER THIN 28G MISC	1	QL(6.6667 ea daily)
COMFORT LANCETS MISC	1	QL(6.6667 ea daily)
CVS LANCETS 21G MISC	1	QL(6.6667 ea daily)
CVS LANCETS MICRO THIN 33G MISC	1	QL(6.6667 ea daily)
CVS LANCETS MICRO-THIN 33G MISC	1	QL(6.6667 ea daily)
CVS LANCETS ORIGINAL MISC	1	QL(6.6667 ea daily)
CVS LANCETS THIN 26G MISC	1	QL(6.6667 ea daily)
CVS LANCETS ULTRA THIN 30G MISC	1	QL(6.6667 ea daily)
CVS LANCETS ULTRA-THIN 30G MISC	1	QL(6.6667 ea daily)
CVS LANCING DEVICE MISC	1	
CVS ULTRA THIN LANCETS MISC	1	QL(6.6667 ea daily)
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 GENTEEL 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 Name	Drug Tier	Requirements/ Limits
DRUG MART ADJUSTABLE LANCING DEVICE MISC	1	
DRUG MART LANCETS THIN MISC	1	QL(6.6667 ea daily)
DRUG MART ON-THE-GO LANCETS GENTLE 30G MISC	1	QL(6.6667 ea daily)
DRUG MART UNILET LANCETSSUPER THIN 30G MISC	1	QL(6.6667 ea daily)
DRUG MART UNILET LANCETSULTRA THIN 28G MISC	1	QL(6.6667 ea daily)
DRUG MART UNILET MICRO THIN LANCETS 33G MISC	1	QL(6.6667 ea daily)
E-Z JECT LANCETS 21G MISC	1	QL(6.6667 ea daily)
E-Z JECT LANCETS COLOR MISC	1	QL(6.6667 ea daily)
E-Z JECT LANCETS MISC	1	QL(6.6667 ea daily)
E-Z JECT LANCETS SUPER THIN 30G MISC	1	QL(6.6667 ea daily)
E-Z JECT LANCETS THIN 26G MISC	1	QL(6.6667 ea daily)
E-ZJECT LANCETS MICRO-THIN 33G MISC	1	QL(6.6667 ea daily)
EASY 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)

Drug Name	Drug Tier	Requirements/ Limits
EASY TOUCH LANCETS 28G/PULL-TOP MISC	1	QL(6.6667 ea daily)
EASY TOUCH LANCETS 28G/TWIST MISC	1	QL(6.6667 ea daily)
EASY TOUCH LANCETS 30G/BUTTON-ACTIVATED MISC	1	QL(6.6667 ea daily)
EASY TOUCH LANCETS 30G/PRESSURE ACTIVATED MISC	1	QL(6.6667 ea daily)
EASY TOUCH LANCETS 30G/PULL-TOP MISC	1	QL(6.6667 ea daily)
EASY TOUCH LANCETS 30G/TWIST MISC	1	QL(6.6667 ea daily)
EASY TOUCH LANCETS 32G/PRESSURE ACTIVATED MISC	1	QL(6.6667 ea daily)
EASY TOUCH LANCETS 32G/PULL-TOP MISC	1	QL(6.6667 ea daily)
EASY TOUCH LANCETS 32G/TWIST MISC	1	QL(6.6667 ea daily)
EASY TOUCH LANCETS 33G/TWIST MISC	1	QL(6.6667 ea daily)
EASY TOUCH LANCING DEVICE/EJECTOR MISC	1	
EASY TOUCH SAFETY LANCETS21G/PRESSURE ACTIVATED MISC	1	QL(6.6667 ea daily)
EASY TOUCH SAFETY LANCETS23G/PRESSURE ACTIVATED MISC	1	QL(6.6667 ea daily)
EASY TOUCH SAFETY LANCETS26G/BUTTON ACTIVATED MISC	1	QL(6.6667 ea daily)
EASY TOUCH SAFETY LANCETS26G/PRESSURE ACTIVATED MISC	1	QL(6.6667 ea daily)
EASY TOUCH SAFETY LANCETS28G/BUTTON ACTIVATED MISC	1	QL(6.6667 ea daily)
EASY TOUCH SAFETY LANCETS28G/PRESSURE ACTIVATED MISC	1	QL(6.6667 ea daily)
EASY TWIST & CAP LANCETS MISC	1	QL(6.6667 ea daily)
EMBRACE LANCETS ULTRA THIN 30G MISC	1	QL(6.6667 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
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)
EQL THIN LANCETS 26G 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)

Drug Name	Drug Tier	Requirements/ Limits
FREESTYLE UNISTICK II LANCETS MISC	1	QL(6.6667 ea daily)
GENTEEL BUTTERFLY TOUCH LANCETS MISC	1	QL(6.6667 ea daily)
GENTEEL LANCING DEVICE/GLORIOUS GOLD MISC	1	
GENTEEL LANCING DEVICE/PRECIOUS PLATINUM MISC	1	
GENTEEL LANCING DEVICE/STATELY SILVER MISC	1	
GENTEEL PLUS LANCING DEVICE/BUFF BLACK MISC	1	
GENTEEL PLUS LANCING DEVICE/BUTTERFLY BLUE MISC	1	
GENTEEL PLUS LANCING DEVICE/PLAYFUL PURPLE MISC	1	
GENTEEL PLUS LANCING DEVICE/PRINCESS PINK MISC	1	
GENTEEL PLUS 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 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 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 LANCING SYSTEM DEVICE MISC	1	
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	
H-E-B INCONTROL LANCETS MICRO THIN 33G MISC	1	QL(6.6667 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
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 LANCETS 30G 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	
KROGER HEALTHPRO TWIST LANCETS/26G MISC	1	QL(6.6667 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
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 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 EXTRA FINE MISC	1	QL(6.6667 ea daily)
LANCETS MICRO THIN 33G MISC	1	QL(6.6667 ea daily)
LANCETS MISC	1	QL(6.6667 ea daily)
LANCETS SAFETY SEAL 21G MISC	1	QL(6.6667 ea daily)
LANCETS SAFETY SEAL 26G MISC	1	QL(6.6667 ea daily)
LANCETS SAFETY SEAL 28G MISC	1	QL(6.6667 ea daily)
LANCETS SAFETY SEAL 30G MISC	1	QL(6.6667 ea daily)
LANCETS SUPER THIN 28G MISC	1	QL(6.6667 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
LANCETS THIN MISC	1	QL(6.6667 ea daily)
LANCETS TWIST TOP 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)
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)

Drug Name	Drug Tier	Requirements/Limits
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)
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)

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

Drug Name	Drug Tier	Requirements/ Limits
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 LANCING DEVICE MISC	1	
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	
ONETOUCH DELICA SAFETY LANCING DEVICE MISC	1	
ONETOUCH FINEPOINT LANCETS MISC	1	QL(6.6667 ea daily)
ONETOUCH ULTRASOFT LANCETS MISC	1	QL(6.6667 ea daily)
PC LANCETS SUPER THIN 30G MISC	1	QL(6.6667 ea daily)
PERFECT LANCETS 30G MISC	1	QL(6.6667 ea daily)
PERFECT PRESSURE ACTIVATED SAFETY LANCETS 28G MISC	1	QL(6.6667 ea daily)
PHARMACY COUNTER LANCETS MISC	1	QL(6.6667 ea daily)
PIP LANCETS/28G MISC	1	QL(6.6667 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
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)
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)

Drug Name	Drug Tier	Requirements/ Limits
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 LANCETS 28G MISC	1	QL(6.6667 ea daily)
RA E-ZJECT LANCETS THIN 26G MISC	1	QL(6.6667 ea daily)
RA E-ZJECT LANCETS THIN 28G MISC	1	QL(6.6667 ea daily)
RA E-ZJECT LANCETS ULTRATHIN 30G MISC	1	QL(6.6667 ea daily)
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 THIN 26G MISC	1	QL(6.6667 ea daily)
RELION LANCETS ULTRA-THIN30G MISC	1	QL(6.6667 ea daily)
RELION LANCING DEVICE MISC	1	

Drug Name	Drug Tier	Requirements/ Limits
RELION ULTRA THIN 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)
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 LANCETS 21G MISC	1	QL(6.6667 ea daily)
SAFETY LANCETS 28G MISC	1	QL(6.6667 ea daily)
SAFETY LET LANCETS MISC	1	QL(6.6667 ea daily)
SB LANCETS THIN MISC	1	QL(6.6667 ea daily)

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

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

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

Drug Name	Drug Tier	Requirements/ Limits
ULTILET SAFETY LANCETS 21G X 2.2MM MISC	1	QL(6.6667 ea daily)
ULTILET SAFETY LANCETS 23G MISC	1	QL(6.6667 ea daily)
ULTRA THIN LANCETS 31G 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)
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)

Drug Name	Drug Tier	Requirements/Limits
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 SUPER THIN 30G MISC	1	QL(6.6667 ea daily)
VALUE PLUS LANCETS THIN 26G MISC	1	QL(6.6667 ea daily)
VALUE PLUS LANCING DEVICE MISC	1	
VALUMARK LANCET SUPER THIN 30G MISC	1	QL(6.6667 ea daily)
VALUMARK LANCET ULTRA THIN 28G MISC	1	QL(6.6667 ea daily)
VIDA MIA AUTOLET LANCINGDEVICE MISC	1	
VIDA MIA UNILET LANCETS SUPER THIN 30G MISC	1	QL(6.6667 ea daily)
VIDA MIA UNILET LANCETS ULTRA THIN 28G MISC	1	QL(6.6667 ea daily)
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)

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

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

Drug Name	Drug Tier	Requirements/Limits
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)
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)

Drug Name	Drug Tier	Requirements/Limits
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
BD INSULIN SYRINGE ULTRAFINE/U-100/1ML/31G X 5/16" MISC	1	QL(5 ea daily)
BD INSULIN SYRINGE/0.3ML/29G X 12.7MM MISC	1	QL(5 ea daily); RX/OTC
BD INSULIN SYRINGE/0.5ML/29G X 12.7MM MISC	1	QL(5 ea daily); RX/OTC
BD INSULIN SYRINGE/1ML/27G X 12.7MM MISC	1	QL(5 ea daily); RX/OTC
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/ULTRAFINE/32G X 6MM MISC	1	QL(5 ea daily)

Drug Name	Drug Tier	Requirements/Limits
BD PEN NEEDLE/MINI/ULTRAFINE/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/ULTRAFINE/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/ULTRAFINE/31G X 8MM MISC	1	QL(5 ea daily); RX/OTC
BD SAFETY-GLIDE INSULIN SYRINGE/0.5ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
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 SYSYRINGE/0.5ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
BD VEO INSULIN SYRINGE ULTRAFINE/1ML/31G X 6MM MISC	1	QL(5 ea daily)
BD VEO INSULIN SYRINGE ULTRAFINE/U-100/1ML/31G X 15/64" MISC	1	QL(5 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
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)
CARETOUCH INSULIN SYRINGE/0.3ML/31GX5/16" MISC	1	QL(5 ea daily)
CARETOUCH INSULIN SYRINGE/0.5ML/31GX5/16" MISC	1	QL(5 ea daily)
CARETOUCH INSULIN SYRINGE/1ML/30GX5/16" MISC	1	QL(5 ea daily); RX/OTC
CARETOUCH INSULIN SYRINGE/1ML/31GX5/16" MISC	1	QL(5 ea daily)
CARETOUCH INSULIN SYRINGE0.5ML/30GX5/16" 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

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

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

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

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

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

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
EXEL COMFORT POINT INSULIN SYRINGE/0.3ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC	FREESTYLE PRECISION INSULIN SYRINGE/U-100/1ML/31G X 5/16" MISC	1	QL(5 ea daily)
EXEL COMFORT POINT INSULIN SYRINGE/0.5ML/28G X 1/2" MISC	1	QL(5 ea daily); RX/OTC	FREESTYLE PRECISION INSULIN SYRINGES/U-100/1ML/30G X 5/16" 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	GLOBAL EASY GLIDE INSULIN SYRINGE/1ML/31G X 15/64" MISC	1	QL(5 ea daily)
EXEL COMFORT POINT INSULIN SYRINGE/0.5ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC	GLOBAL EASY GLIDE INSULIN SYRINGE/U-100/0.3ML/31G X 5/16" MISC	1	QL(5 ea daily)
EXEL COMFORT POINT INSULIN SYRINGE/1ML/28G X 1/2" 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
EXEL COMFORT POINT INSULIN SYRINGE/1ML/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)
EXEL COMFORT POINT INSULIN SYRINGE/1ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC	GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.3ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
FIFTY50 SUPERIOR COMFORTINSULIN SYRINGE/0.3ML/31G X 5/16" MISC	1	QL(5 ea daily)	GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.3ML/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)	GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.5ML/28G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
FIFTY50 SUPERIOR COMFORTINSULIN SYRINGE/1ML/31G X 5/16" MISC	1	QL(5 ea daily)	GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.5ML/29G X 1/2" 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	GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.5ML/30G X 1/2" MISC	1	QL(5 ea daily)
FREESTYLE PRECISION INSULIN SYRINGE/U-100/0.5ML/31G X 5/16" MISC	1	QL(5 ea daily)	GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.5ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
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)
GLUCOPRO INSULIN SYRINGE/U-100/0.5ML/30G X 1/2" MISC	1	QL(5 ea daily)

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

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

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

Drug Name	Drug Tier	Requirements/Limits
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)
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

Drug Name	Drug Tier	Requirements/Limits
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
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)

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

Drug Name	Drug Tier	Requirements/ Limits
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)
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)

Drug Name	Drug Tier	Requirements/ Limits
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
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)
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

Drug Name	Drug Tier	Requirements/ Limits
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
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
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
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

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

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

Drug Name	Drug Tier	Requirements/Limits
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)
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

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

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

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

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

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

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

Drug Name	Drug Tier	Requirements/ Limits
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)
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)

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

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

Drug Name	Drug Tier	Requirements/ Limits
ULTICARE INSULIN SYRINGE/U-100/0.3ML/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)
ULTIGUARD SAFEPACK INSULIN SYRINGE 0.3ML/30G X 1/2"/SHARPS C MISC	1	QL(5 ea daily)
ULTIGUARD SAFEPACK INSULIN SYRINGE 1/2ML 30G X 1/2"/SHARPS C MISC	1	QL(5 ea daily)
ULTIGUARD SAFEPACK INSULIN SYRINGE 1ML 30G X 1/2"/SHARPS CON MISC	1	QL(5 ea daily)

Drug Name	Drug Tier	Requirements/Limits
ULTIGUARD SAFEPACK INSULIN SYRINGE 1ML 31G X 5/16"/SHARPS CO MISC	1	QL(5 ea daily)
ULTIGUARD SAFEPACK INSULIN SYRINGE/0.3ML/30G X 1/2"/SHARPS C MISC	1	QL(5 ea daily)
ULTIGUARD SAFEPACK INSULIN SYRINGE/0.3ML/31G X 5/16"/SHARPS MISC	1	QL(5 ea daily)
ULTIGUARD SAFEPACK INSULIN SYRINGE/0.5ML/30G X 1/2"/SHARPS C MISC	1	QL(5 ea daily)
ULTIGUARD SAFEPACK/SYRINGE/NE EDLE/31G X 5/16"/SHARPS CONTAIN MISC	1	QL(5 ea daily)
ULTILET INSULIN SYRINGE/0.3ML/30G X 8MM MISC	1	QL(5 ea daily); RX/OTC
ULTILET INSULIN SYRINGE/0.3ML/31G X 8MM MISC	1	QL(5 ea daily)
ULTILET INSULIN SYRINGE/0.5ML/30G X 8MM MISC	1	QL(5 ea daily); RX/OTC
ULTILET INSULIN SYRINGE/1ML/30G X 8MM MISC	1	QL(5 ea daily); RX/OTC
ULTILET INSULIN SYRINGE/1ML/31G X 8MM MISC	1	QL(5 ea daily)
ULTILET INSULIN SYRINGE/SHORT/0.3ML/30G X 12.7MM MISC	1	QL(5 ea daily)
ULTILET INSULIN SYRINGE/SHORT/0.3ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
ULTILET INSULIN SYRINGE/SHORT/0.3ML/31G X 5/16" MISC	1	QL(5 ea daily)
ULTILET INSULIN SYRINGE/SHORT/0.5ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC

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

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

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

Drug Name	Drug Tier	Requirements/Limits
ZEVRX INSULIN SYRINGE/0.5ML/30G X 1/2" MISC	1	QL(5 ea daily)
ZEVRX INSULIN SYRINGE/0.5ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
ZEVRX INSULIN SYRINGE/1ML/30G X 1/2" MISC	1	QL(5 ea daily)
ZEVRX INSULIN SYRINGE/1ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
MIGRAINE PRODUCTS - Drugs to Treat Migraine Headaches		
Calcitonin Gene-Related Peptide (CGRP)		
AIMOVIG SOAJ	2	PA; QL(0.04 ml daily)
EMGALITY SOAJ 120 MG/ML	2	PA; QL(0.07 ml daily)
EMGALITY SOSY 100 MG/ML	3	PA; QL(0.1 ml daily)
EMGALITY SOSY 120 MG/ML	2	PA; QL(0.07 ml daily)
Migraine Combinations		
CAFERGOT TABS (<i>Use ergotamine w/ caffeine</i>)	NF	
<i>ergotamine w/ caffeine tabs or 1 mg-100 mg</i>	1	
<i>sumatriptan-naproxen sodium tabs</i>	3	QL(10 ea per 30 days retail, 10 ea per 30 days mail)
TREXIMET TABS (<i>Use sumatriptan-naproxen sodium</i>)	NF	QL(10 ea per 30 days retail, 10 ea per 30 days mail)
Migraine Products		
D.H.E. 45 SOLN (<i>Use dihydroergotamine mesylate</i>)	NF	
<i>dihydroergotamine mesylate soln ij 1 mg/ml</i>	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)

Drug Name	Drug Tier	Requirements/Limits
ERGOMAR SUBL	3	QL(0.667 ea daily)
MIGRANAL SOLN (<i>Use dihydroergotamine mesylate</i>)	NF	ST
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)
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)

Drug Name	Drug Tier	Requirements/Limits
IMITREX TABS OR 100 MG, 25 MG, 50 MG (<i>Use sumatriptan succinate</i>)	NF	QL(0.3 ea daily); AL(At least 18 yrs old)
MAXALT TABS (<i>Use rizatriptan benzoate</i>)	NF	QL(0.6 ea daily); AL(At least 6 yrs old)
MAXALT-MLT TBDP (<i>Use rizatriptan benzoate</i>)	NF	QL(0.6 ea daily); AL(At least 6 yrs old)
<i>naratriptan hcl tabs</i>	1	QL(0.3 ea daily); AL(At least 18 yrs old)
RELPAX TABS (<i>Use eletriptan hydrobromide</i>)	NF	ST; QL(0.2 ea daily); AL(At least 18 yrs old)
<i>rizatriptan benzoate tabs 10 mg</i>	1	QL(0.6 ea daily); AL(At least 6 yrs old)
<i>rizatriptan benzoate tabs 5 mg</i>	1	QL(0.4 ea daily); AL(At least 6 yrs old)
<i>rizatriptan benzoate tbdp 10 mg</i>	1	QL(0.6 ea daily); AL(At least 6 yrs old)
<i>rizatriptan benzoate tbdp 5 mg</i>	1	QL(0.4 ea daily); AL(At least 6 yrs old)
<i>sumatriptan soln</i>	1	QL(0.2 ea daily); AL(At least 18 yrs old)
<i>sumatriptan succinate soaj sc 6 mg/0.5ml, 4 mg/0.5ml</i>	1	QL(0.134 ml daily); AL(At least 18 yrs old)
<i>sumatriptan succinate soct sc 6 mg/0.5ml, 4 mg/0.5ml</i>	1	QL(0.134 ml daily); AL(At least 18 yrs old)
<i>sumatriptan succinate soln sc 6 mg/0.5ml</i>	1	QL(0.134 ml daily); AL(At least 18 yrs old)

Drug Name	Drug Tier	Requirements/ Limits
<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 soln na 2.5 mg, 5 mg</i>	1	ST; QL(0.2 ea daily); AL(At least 12 yrs old)
<i>zolmitriptan tabs or 2.5 mg, 5 mg</i>	1	ST; QL(0.3 ea daily); AL(At least 12 yrs old)
<i>zolmitriptan tbdp or 2.5 mg, 5 mg</i>	1	ST; QL(0.3 ea daily); AL(At least 12 yrs old)
ZOMIG SOLN NA 2.5 MG, 5 MG (<i>Use zolmitriptan</i>)	3	ST; QL(0.2 ea daily); AL(At least 12 yrs old)
ZOMIG TABS OR 2.5 MG, 5 MG (<i>Use zolmitriptan</i>)	NF	ST; QL(0.3 ea daily); AL(At least 12 yrs old)
ZOMIG ZMT TBDP (<i>Use zolmitriptan</i>)	NF	ST; QL(0.3 ea daily); AL(At least 12 yrs old)
MINERALS & ELECTROLYTES		
Bicarbonates		
SODIUM ACETATE SOLN 2 MEQ/ML (<i>Use sodium acetate</i>)	1	
<i>sodium acetate soln 2 meq/ml, 4 meq/ml</i>	1	
Calcium		
<i>calcium chloride (dihydrate) soln</i>	1	
CALCIUM GLUCONATE SOLN	1	
<i>calcium gluconate soln</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
Electrolyte Mixtures		
<i>dextrose in lactated ringers soln</i>	1	
IONOSOL-MB/DEXTROSE 5% SOLN 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 %-20 MEQ/L-22 MEQ/L-23 MEQ/L-25 MEQ/L	1	
ISOLYTE-P/DEXTROSE 5% SOLN	1	
ISOLYTE-S SOLN	1	
KCL 0.3%/D5W/NACL 0.9% SOLN	1	
<i>lactated ringer's soln</i>	1	
NORMOSOL-M IN D5W SOLN	1	
NORMOSOL-M/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	
<i>potassium chloride in dextrose soln</i>	1	
<i>potassium chloride in nacl soln</i>	1	
POTASSIUM CHLORIDE/DEXTROSE/LACTATED RINGERS SOLN 2.7 MEQ/L-5 %-24 MEQ/L-28 MEQ/L-129 MEQ/L-130 MEQ/L, 3 MEQ/L-5 %-24 MEQ/L-28 MEQ/L-130 MEQ/L-149 MEQ/L	1	

Drug Name	Drug Tier	Requirements/Limits
POTASSIUM CHLORIDE/SODIUM CHLORIDE SOLN 0.9 %-40 MEQ/L, 0.45 %-20 MEQ/L (Use potassium chloride in nacl)	NF	
ringer's soln	1	
Fluoride		
sodium fluoride chew 0.25 mg, 0.5 mg, 1 mg, 2.2 mg	0	QL(1 ea daily)
Magnesium		
magnesium sulfate soln ij 50 %	1	
Phosphate		
potassium phosphates soln 224 mg/ml-236 mg/ml	1	
Potassium		
K-TAB TBCR 10 MEQ (Use potassium chloride)	NF	
K-TAB TBCR 8 MEQ (Use potassium chloride)	1	
potassium acetate soln	1	
potassium bicarbonate tbef	1	
potassium chloride cpcr or 10 meq, 8 meq	1	
potassium chloride microencapsulated crystals er tbc	1	
potassium chloride pack or 20 meq	1	PA
POTASSIUM CHLORIDE SOLN IV 10 MEQ/100ML, 10 MEQ/50ML	1	
POTASSIUM CHLORIDE SOLN IV 10 MEQ/100ML, 10 MEQ/50ML (Use potassium chloride)	1	
potassium chloride soln iv 10 meq/50ml, 20 meq/50ml, 2 meq/ml	1	
POTASSIUM CHLORIDE SOLN IV 20 MEQ/50ML (Use potassium chloride)	NF	

Drug Name	Drug Tier	Requirements/Limits
potassium chloride soln or 10 %	1	
potassium chloride tbc	1	
Sodium		
sodium chloride soln ij 2.5 meq/ml	1	
sodium chloride soln iv 3 %, 5 %, 0.9 %, 4 meq/ml, 0.45 %	1	
MISCELLANEOUS THERAPEUTIC CLASSES		
Chelating Agents		
CUPRIMINE CAPS (Use penicillamine)	NF	PA
DEPEN TITRATABS TABS (Use penicillamine)	NF	QL(8 ea daily)
penicillamine caps	1	PA
penicillamine tabs	1	QL(8 ea daily)
SYPRINE CAPS (Use trientine hcl)	NF	PA; QL(8 ea daily); SP
trientine hcl caps	4	PA; QL(8 ea daily); SP
Immunomodulators		
REVLIMID CAPS 10 MG, 15 MG, 2.5 MG, 25 MG, 5 MG	4	PA; QL(1 ea daily); SP
REVLIMID CAPS 20 MG	4	PA;
THALOMID CAPS	4	PA; QL(3 ea daily); SP
Immunosuppressive Agents		
ATGAM INJ	4	PA; SP
AZATHIOPRINE SOLR IJ 100 MG	1	
azathioprine tabs or 100 mg, 50 mg, 75 mg	1	
CELLCEPT CAPS 250 MG (Use mycophenolate mofetil)	NF	
CELLCEPT TABS 500 MG (Use mycophenolate mofetil)	NF	

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 or 250 mg</i>	1	
<i>mycophenolate mofetil tabs or 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 (Use <i>everolimus (immunosuppressant)</i>)	NF	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	
Potassium Removing Agents		
<i>sodium polystyrene sulfonate powd</i>	1	
<i>sodium polystyrene sulfonate susp</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	
PERIDEX SOLN (Use <i>chlorhexidine gluconate (mouth-throat)</i>)	NF	
Dental Products		

Drug Name	Drug Tier	Requirements/ Limits
<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-2 MG-2 MG-3 MG-5 MG-9.2 MG-10 MCG-10 MG-12 MCG-20 MG-25 MG-27 MG-120 MG-200 MG-1000 MCG-1200 MCG	2	QL(1 ea daily); RX/OTC
NEONATAL PLUS TABS	2	QL(1 ea daily); RX/OTC
NEONATAL VITAMIN TABS	2	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
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 TABS 0.8 MG-1.5 MG-1.7 MG-2.6 MG-4 MCG-11 UNIT-18 MG-25 MG-27 MG-100 MG-263 MG-400 UNIT-4000 UNIT, 0.8 MG-1.7 MG-1.8 MG-2.6 MG-8 MCG-20 MG-25 MG-28 MG-30 UNIT-120 MG-200 MG-400 UNIT-4000 UNIT, 1.5 MG-1.7 MG-2.6 MG-4 MCG-5 MG-10 MCG-18 MG-25 MG-27 MG-100 MG-200 MG-800 MCG-1200 MCG, 1.7 MG-1.8 MG-2.6 MG-8 MCG-20 MG-25 MG-28 MG-30 UNIT-120 MG-200 MG-400 UNIT-800 MCG-4000 UNIT, 1.7 MG-1.84 MG-2.6 MG-4 MCG-11 UNIT-18 MG-25 MG-27 MG-100 MG-160 MG-200 MG-400 UNIT-800 MCG-4000 UNIT	2	QL(1 ea daily)
PRENATAL TABS 1 MG-1.84 MG-2 MG-3 MG-10 MCG-10 MG-10 MG-12 MCG-20 MG-25 MG-27 MG-120 MG-200 MG-1200 MCG	2	QL(1 ea daily); RX/OTC
PRENATAL VITAMIN & MINERAL TABS	2	QL(1 ea daily)
PRENATAL VITAMIN TABS	2	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
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
PRENATRYL TABS	2	QL(1 ea daily); RX/OTC
PREPLUS TABS	2	QL(1 ea daily); RX/OTC
PX PRENATAL MULTIVITAMINS TABS	2	QL(1 ea daily)
QC PRENATAL TABS	2	QL(1 ea daily)
RA PRENATAL FORMULA/FOLICACID TABS	2	QL(1 ea daily)
RA PRENATAL TABS	2	QL(1 ea daily)
RIGHT STEP PRENATAL TABS	2	QL(1 ea daily)
SM PRENATAL VITAMINS TABS	2	QL(1 ea daily)
THERANATAL CORE NUTRITION TABS	2	QL(1 ea daily); RX/OTC
TRICARE TABS	2	QL(1 ea daily); RX/OTC
VITATHELY/GINGER TABS	2	QL(1 ea daily); RX/OTC
VOL-PLUS TABS	2	QL(1 ea daily); RX/OTC
WESTAB PLUS TABS	2	QL(1 ea daily); RX/OTC
MUSCULOSKELETAL THERAPY AGENTS - Drugs to Treat Spasms		
Central Muscle Relaxants		
<i>baclofen tabs or 10 mg, 20 mg</i>	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-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, 25 mg, 50 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	

Drug Name	Drug Tier	Requirements/ Limits
FLONASE ALLERGY RELIEF CHILDRENS SUSP (Use fluticasone propionate (nasal))	NF	Limit 2 inhalers per month; QL(32 ml per 30 days retail); RX/OTC
FLONASE ALLERGY RELIEF SUSP (Use fluticasone propionate (nasal))	NF	Limit 2 inhalers per month; QL(32 ml per 30 days retail); RX/OTC
flunisolide (nasal) soln	1	1 rtl pack lmt per fill,
fluticasone propionate (nasal) susp	1	Limit 2 inhalers per month; QL(32 ml per 30 days retail); RX/OTC
mometasone furoate (nasal) susp	1	PA; QL(1.14 gm daily)
NASACORT ALLERGY 24HR AERO (Use triamcinolone acetonide (nasal))	NF	
NASACORT ALLERGY 24HR CHILDRENS AERO (Use triamcinolone acetonide (nasal))	NF	
NASONEX SUSP (Use mometasone furoate (nasal))	NF	PA; QL(1.14 gm daily)
triamcinolone acetonide (nasal) aero	1	
NEUROMUSCULAR AGENTS - Drugs to Relax/Paralyze Muscles		
ALS Agents		
RILUTEK TABS (Use riluzole)	NF	
riluzole tabs	3	
Neuromuscular Blocking Agent - Neurotoxins		
BOTOX SOLR	3	PA
DYSPORE 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		
betaxolol hcl (ophth) soln	1	
carteolol hcl (ophth) soln	1	
COMBIGAN SOLN	2	
COSOPT SOLN (Use dorzolamide hcl-timolol maleate)	NF	
dorzolamide hcl-timolol maleate soln 0.5 %-2 %, 5 mg/ml-20 mg/ml, 6.8 mg/ml-22.3 mg/ml	1	
levobunolol hcl soln	1	
timolol maleate (ophth) solg 0.25 %, 0.5 %	1	
timolol maleate (ophth) soln 0.25 %, 0.5 %	1	
TIMOPTIC SOLN (Use timolol maleate (ophth))	NF	
TIMOPTIC-XE SOLG (Use timolol maleate (ophth))	NF	

Drug Name	Drug Tier	Requirements/Limits
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	3	
SIMBRINZA SUSP	3	PA
Ophthalmic Anti-infectives		
AZASITE SOLN	3	
BACIGUENT OINT	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	
<i>gentamicin sulfate (ophth) oint</i>	1	
<i>gentamicin sulfate (ophth) soln</i>	1	

Drug Name	Drug Tier	Requirements/Limits
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	
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	
ZIRGAN GEL	2	
ZYMAXID SOLN (<i>Use gatifloxacin (ophth)</i>)	NF	
Ophthalmic Immunomodulators		
RESTASIS EMUL	2	PA
RESTASIS MULTIDOSE EMUL	2	PA
Ophthalmic Local Anesthetics		
ALCAINE SOLN (<i>Use proparacaine hcl</i>)	NF	
<i>proparacaine hcl soln</i>	1	
Ophthalmic Nerve Growth Factors		
OXERVATE SOLN	4	PA
Ophthalmic Steroids		

Drug Name	Drug Tier	Requirements/Limits
ALREX SUSP	3	PA
<i>dexamethasone sodium phosphate (ophth) soln</i>	1	
<i>difluprednate emul</i>	1	PA
DUREZOL EMUL (<i>Use difluprednate</i>)	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 (<i>Use loteprednol etabonate</i>)	3	PA
LOTEMAX OINT	3	PA
LOTEMAX SUSP (<i>Use loteprednol etabonate</i>)	NF	PA
<i>loteprednol etabonate gel</i>	1	PA
<i>loteprednol etabonate susp</i>	1	PA
MAXIDEX SUSP	3	PA
MAXITROL OINT (<i>Use neomycin-polymyxin-dexameth</i>)	NF	
MAXITROL SUSP (<i>Use neomycin-polymyxin-dexameth</i>)	NF	
<i>neomycin-polymyxin-dexameth oint</i>	1	
<i>neomycin-polymyxin-dexameth susp</i>	1	
<i>neomycin-polymyxin-hc (ophth) susp</i>	1	
PRED FORTE SUSP (<i>Use prednisolone acetate (ophth)</i>)	NF	
PRED MILD SUSP	3	PA
<i>prednisolone acetate (ophth) susp</i>	1	

Drug Name	Drug Tier	Requirements/Limits
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	
<i>bepotastine besilate soln</i>	3	PA
BEPREVE SOLN (<i>Use bepotastine besilate</i>)	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	
<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	

Drug Name	Drug Tier	Requirements/Limits
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>)	NF	
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>)	NF	
<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		
<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	
<i>ofloxacin (otic) soln</i>	1	
Otic Combinations		
CIPRO HC SUSP	3	

Drug Name	Drug Tier	Requirements/Limits
CIPRODEX SUSP (<i>Use ciprofloxacin-dexamethasone</i>)	NF	PA
<i>ciprofloxacin-dexamethasone susp</i>	1	PA
<i>ciprofloxacin-fluocinolone acetamide soln</i>	1	PA; QL(0.5 ea daily)
CIPROFLOXACIN/FLUOCINOLONE ACETONIDE PF SOLN	3	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	3	PA; QL(0.5 ea daily)
OTOVEL SOLN (<i>Use ciprofloxacin-fluocinolone acetamide</i>)	3	PA; QL(0.5 ea daily)
Otic Steroids		
DERMOTIC OIL (<i>Use fluocinolone acetamide (otic)</i>)	NF	
<i>fluocinolone acetamide (otic) oil</i>	1	
<i>hydrocortisone w/acetic acid soln</i>	1	
PASSIVE IMMUNIZING AND TREATMENT AGENTS - Antibody Drugs to Treat Low Immune System		
Immune Serums		
CUVITRU SOLN 1 GM/5ML, 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

Drug Name	Drug Tier	Requirements/ Limits
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	
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		

Drug Name	Drug Tier	Requirements/ Limits
<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 5 gm-10 gm</i>	1	
AUGMENTIN ES-600 SUSR (Use <i>amoxicillin & pot clavulanate</i>)	NF	
AUGMENTIN SUSR 62.5 MG/5ML-250 MG/5ML (Use <i>amoxicillin & pot clavulanate</i>)	NF	
AUGMENTIN TABS 125 MG-500 MG (Use <i>amoxicillin & pot clavulanate</i>)	NF	
<i>piperacillin sodium- tazobactam sodium solr</i>	1	
UNASYN BULK PACK SOLR (Use <i>ampicillin & sulbactam sodium</i>)	NF	
UNASYN SOLR (Use <i>ampicillin & sulbactam sodium</i>)	NF	
ZOSYN SOLR 0.25 GM-2 GM, 0.375 GM-3 GM, 0.5 GM-4 GM, 4.5 GM-36 GM (Use <i>piperacillin sodium- tazobactam sodium</i>)	NF	
Penicillinase-Resistant Penicillins		
<i>dicloxacillin sodium caps</i>	1	
<i>nafcillin sodium solr ij 1 gm</i>	1	
<i>nafcillin sodium solr iv 10 gm</i>	1	
<i>oxacillin sodium solr ij 1 gm</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>oxacillin sodium solr iv 10 gm</i>	1	
PROGESTINS - Hormone Replacement/Modifying Drugs		
Progestins		
AYGESTIN TABS (<i>Use norethindrone acetate</i>)	NF	
<i>medroxyprogesterone acetate tabs</i>	1	
MEGACE ES SUSP (<i>Use megestrol acetate (appetite)</i>)	NF	PA
<i>megestrol acetate (appetite) susp</i>	1	PA
<i>norethindrone acetate tabs</i>	0	
<i>progesterone caps or 100 mg, 200 mg</i>	1	
PROMETRIUM CAPS (<i>Use progesterone</i>)	NF	
PROVERA TABS (<i>Use medroxyprogesterone acetate</i>)	NF	
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. - Drugs to Treat Mental and Emotional Conditions		
Agents for Chemical Dependency		
<i>acamprosate calcium tbec</i>	1	
ANTABUSE TABS (<i>Use disulfiram</i>)	NF	
<i>disulfiram tabs</i>	1	
LUCEMYRA TABS	3	PA; QL(224 ea per 14 days retail)
Anti-Cataleptic Agents		
XYREM SOLN	4	PA; QL(18 ml daily); SP
Antidementia Agents		
ARICEPT TABS 10 MG (<i>Use donepezil hydrochloride</i>)	NF	QL(2 ea daily)

Drug Name	Drug Tier	Requirements/Limits
ARICEPT TABS 5 MG (<i>Use donepezil hydrochloride</i>)	NF	QL(1 ea daily)
<i>donepezil hydrochloride tabs 10 mg</i>	1	QL(2 ea daily)
<i>donepezil hydrochloride tabs 5 mg</i>	1	QL(1 ea daily)
<i>donepezil hydrochloride tbdp 10 mg</i>	1	QL(2 ea daily)
<i>donepezil hydrochloride tbdp 5 mg</i>	1	QL(1 ea daily)
<i>galantamine hydrobromide cp24 16 mg, 24 mg, 8 mg</i>	1	QL(1 ea daily)
<i>galantamine hydrobromide soln 4 mg/ml</i>	1	QL(6 ml daily)
<i>galantamine hydrobromide tabs 12 mg, 4 mg, 8 mg</i>	1	QL(2 ea daily)
<i>memantine hcl tabs</i>	1	
<i>memantine hcl tabs 10 mg</i>	1	QL(2 ea daily)
<i>memantine hcl tabs 5 mg</i>	1	QL(1 ea daily)
NAMENDA TABS 10 MG (<i>Use memantine hcl</i>)	NF	QL(2 ea daily)
NAMENDA TABS 5 MG (<i>Use memantine hcl</i>)	NF	QL(1 ea daily)
NAMENDA TITRATION PAK TABS (<i>Use memantine hcl</i>)	NF	
RAZADYNE ER CP24 (<i>Use galantamine hydrobromide</i>)	NF	QL(1 ea daily)
RAZADYNE TABS (<i>Use galantamine hydrobromide</i>)	NF	QL(2 ea daily)
<i>rivastigmine tartrate caps</i>	1	
Combination Psychotherapeutics		
<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		

Drug Name	Drug Tier	Requirements/Limits
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 ml daily); SP
AVONEX PSKT	4	PA; QL(0.0714 ml daily); SP
BETASERON KIT	4	PA; QL(0.0357 ea daily); SP
COPAXONE SOSY 20 MG/ML (<i>Use glatiramer acetate</i>)	3	PA; QL(1 ml daily); SP
COPAXONE SOSY 40 MG/ML (<i>Use glatiramer acetate</i>)	3	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;
GILENYA CAPS 0.5 MG	4	PA
<i>glatiramer acetate sosy 20 mg/ml</i>	3	PA; QL(1 ml daily); SP
<i>glatiramer acetate sosy 40 mg/ml</i>	3	PA; QL(0.429 ml daily); SP
MAVENCLAD TBPK	4	PA
MAYZENT TABS	4	PA
OCREVUS SOLN	4	PA
PLEGRIDY SOPN SC	4	PA; QL(0.036 ml daily)

Drug Name	Drug Tier	Requirements/Limits
PLEGRIDY SOSY IM	4	PA; QL(0.036 ml daily)
PLEGRIDY SOSY SC	4	PA
PLEGRIDY STARTER PACK SOPN	4	PA
PLEGRIDY STARTER PACK SOSY	4	PA; QL(0.036 ml daily)
REBIF REBIDOSE SOAJ	4	PA; QL(0.214 ml daily); SP
REBIF REBIDOSE TITRATIONPACK SOAJ	4	PA; SP
REBIF SOSY	4	PA; QL(0.214 ml daily); SP
REBIF TITRATION PACK SOSY	4	PA; SP
TECFIDERA CPDR (<i>Use dimethyl fumarate</i>)	NF	PA
TECFIDERA STARTER PACK MISC (<i>Use dimethyl fumarate</i>)	NF	PA
TYSABRI CONC	4	PA; QL(0.536 ml daily); SP
Postherpetic Neuralgia (PHN)/Neuropathic Pain		
LYRICA CR TB24 165 MG, 82.5 MG (<i>Use pregabalin (once-daily)</i>)	3	PA; QL(1 ea daily)
LYRICA CR TB24 330 MG (<i>Use pregabalin (once-daily)</i>)	3	PA; QL(2 ea daily)
<i>pregabalin (once-daily) tb24 165 mg, 82.5 mg</i>	3	PA; QL(1 ea daily)
<i>pregabalin (once-daily) tb24 330 mg</i>	3	PA; QL(2 ea daily)
Pseudobulbar Affect (PBA) Agents		
NUEDEXTA CAPS	3	PA
Psychotherapeutic and Neurological Agents -		
<i>ergoloid mesylates tabs</i>	1	
<i>pimozide tabs</i>	1	
Restless Leg Syndrome (RLS) Agents		
HORIZANT TBCR	3	PA; QL(2 ea daily)

Drug Name	Drug Tier	Requirements/Limits
Smoking Deterrents		
APO-VARENICLINE TABS	0	QL(2 ea daily)
<i>bupropion hcl (smoking deterrent) tb12</i>	0	QL(2 ea daily)
CHANTIX CONTINUING MONTHPAK TABS	0	QL(2 ea daily)
CHANTIX STARTING MONTH PAK TABS	0	
CHANTIX TABS	0	QL(2 ea daily)
NICODERM CQ PT24 (<i>Use nicotine</i>)	NF	QL(1 ea daily)
NICORETTE GUM (<i>Use nicotine polacrilex</i>)	NF	
NICORETTE LOZG (<i>Use nicotine polacrilex</i>)	NF	
NICORETTE MINI LOZG (<i>Use nicotine polacrilex</i>)	NF	
NICORETTE STARTER KIT GUM (<i>Use nicotine polacrilex</i>)	NF	
<i>nicotine polacrilex gum</i>	0	
<i>nicotine polacrilex lozg</i>	0	
<i>nicotine pt24</i>	0	QL(1 ea daily)
NICOTINE TRANSDERMAL SYSTEM KIT	0	
NICOTROL INHALER INHA	0	
NICOTROL NS SOLN	0	
VARENICLINE TARTRATE TABS	0	QL(2 ea daily)
Transthyretin Amyloidosis Agents		
TEGSEDI SOSY	4	PA
RESPIRATORY AGENTS - MISC. - Drugs to Treat Lung Conditions		
Alpha-Proteinase Inhibitor (Human)		
ARALAST NP SOLR 1000 MG	4	PA; SP

Drug Name	Drug Tier	Requirements/Limits
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 50 MG-100 MG	4	PA; QL(3 ea daily)
Pulmonary Fibrosis Agents		
OFEV CAPS	4	PA; QL(2 ea daily)
SULFONAMIDES - Drugs to Treat Bacterial Infections		
Sulfonamides		
SULFADIAZINE TABS	1	
TETRACYCLINES - Drugs to Treat Bacterial Infections		
Glycylcyclines		
<i>tigecycline solr</i>	1	
TYGACIL SOLR (<i>Use tigecycline</i>)	NF	
Tetracyclines		
<i>demeclocycline hcl tabs</i>	1	
<i>doxycycline (monohydrate) caps 50 mg, 100 mg</i>	1	QL(2 ea daily)
<i>doxycycline (monohydrate) caps 75 mg</i>	1	
<i>doxycycline (monohydrate) tabs 100 mg</i>	1	QL(2 ea daily)

Drug Name	Drug Tier	Requirements/Limits
<i>doxycycline (monohydrate) tabs 50 mg</i>	1	
<i>doxycycline hyclate caps or 50 mg, 100 mg</i>	1	QL(2 ea daily)
<i>doxycycline hyclate solr iv 100 mg</i>	1	
<i>doxycycline hyclate tabs or 20 mg, 100 mg</i>	1	QL(2 ea daily)
MINOCIN CAPS OR 50 MG (Use minocycline hcl)	NF	QL(3 ea daily)
<i>minocycline hcl caps 100 mg, 50 mg, 75 mg</i>	1	QL(3 ea daily)
<i>minocycline hcl tabs 100 mg, 50 mg, 75 mg</i>	1	QL(3 ea daily)
<i>tetracycline hcl caps</i>	1	QL(8 ea daily)
VIBRAMYCIN CAPS 100 MG (Use doxycycline hyclate)	NF	QL(2 ea daily)
THYROID AGENTS - Drugs to Regulate Thyroid Hormones		
Antithyroid Agents		
<i>methimazole tabs</i>	1	
<i>propylthiouracil tabs</i>	1	
TAPAZOLE TABS (Use methimazole)	NF	
Thyroid Hormones		
ARMOUR THYROID TABS 120 MG, 15 MG, 30 MG, 60 MG, 90 MG (Use thyroid)	2	QL(1 ea daily)
ARMOUR THYROID TABS 180 MG, 240 MG, 300 MG	2	QL(1 ea daily)
CYTOMEL TABS (Use liothyronine sodium)	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	

Drug Name	Drug Tier	Requirements/Limits
NATURE-THROID NT-2.5 TABS	2	
NATURE-THROID TABS	2	
SYNTHROID TABS (Use levothyroxine sodium)	2	
<i>thyroid tabs</i>	1	QL(1 ea daily)
TRIOSTAT SOLN (Use liothyronine sodium)	NF	
WESTHROID TABS	2	
WP THYROID TABS	2	
TOXOIDS		
Toxoid Combinations		
ADACEL SUSP	0	
BOOSTRIX SUSP	0	
DAPTACEL SUSP	0	
DIPHThERIA/TETANUS TOXOIDS ADSORBED PEDIATRIC SUSP	0	
INFANRIX SUSP	0	
KINRIX SUSP	0	
PEDIARIX SUSP	0	
PENTACEL SUSP	0	
QUADRACEL SUSP	0	
TDVAX SUSP	0	
TENIVAC INJ	0	
TETANUS/DIPHThERIA TOXOIDS-ADSORBED ADULT SUSP	0	
ULCER DRUGS - Drugs to Treat Bowel, Intestine and Stomach Conditions		
Antispasmodics		
<i>atropine sulfate soln ij 0.4 mg/ml, 1 mg/ml</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>atropine sulfate sosy ij 0.25 mg/5ml</i>	1	
ATROPINE SULFATE SOSY IJ 0.25 MG/5ML (Use <i>atropine sulfate</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	
<i>nizatidine caps 150 mg, 300 mg</i>	1	
<i>nizatidine soln 15 mg/ml</i>	1	QL(20 ml daily)
PEPCID AC MAXIMUM STRENGTH TABS (Use <i>famotidine</i>)	NF	RX/OTC

Drug Name	Drug Tier	Requirements/Limits
PEPCID AC TABS (Use <i>famotidine</i>)	NF	RX/OTC
PEPCID TABS 20 MG (Use <i>famotidine</i>)	NF	RX/OTC
PEPCID TABS 40 MG (Use <i>famotidine</i>)	NF	
<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
Misc. Anti-Ulcer		
CARAFATE SUSP 1 GM/10ML (Use <i>sucralfate</i>)	NF	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
<i>esomeprazole magnesium cpdr 40 mg</i>	3	QL(1 ea daily)
<i>esomeprazole magnesium tbec 20 mg</i>	1	QL(2 ea daily)
<i>lansoprazole cpdr 15 mg</i>	1	QL(2 ea daily); RX/OTC
<i>lansoprazole cpdr 30 mg</i>	1	
NEXIUM 24HR TBEC (Use <i>esomeprazole magnesium</i>)	1	QL(2 ea daily)

Drug Name	Drug Tier	Requirements/Limits
NEXIUM CPDR 20 MG (Use esomeprazole magnesium)	NF	RX/OTC
NEXIUM CPDR 40 MG (Use esomeprazole magnesium)	NF	QL(1 ea daily)
omeprazole cpdr 10 mg, 40 mg	1	QL(2 ea daily)
omeprazole cpdr 20 mg	1	QL(2 ea daily); RX/OTC
omeprazole magnesium cpdr	1	QL(4 ea daily)
omeprazole magnesium tbec	1	QL(4 ea daily)
omeprazole tbec 20 mg	1	QL(2 ea daily)
pantoprazole sodium tbec or 20 mg	1	QL(1 ea daily)
pantoprazole sodium tbec or 40 mg	1	
PREVACID 24HR CPDR (Use lansoprazole)	NF	QL(2 ea daily); RX/OTC
PREVACID CPDR 15 MG (Use lansoprazole)	NF	QL(2 ea daily); RX/OTC
PREVACID CPDR 30 MG (Use lansoprazole)	NF	
PRILOSEC OTC TBEC (Use omeprazole magnesium)	1	QL(4 ea daily)
PROTONIX TBEC OR 20 MG (Use pantoprazole sodium)	NF	QL(1 ea daily)
PROTONIX TBEC OR 40 MG (Use pantoprazole sodium)	NF	
rabeprazole sodium tbec	1	QL(1 ea daily)
Ulcer Drugs - Prostaglandins		
CYTOTEC TABS (Use misoprostol)	NF	QL(4 ea daily)
misoprostol tabs	1	QL(4 ea daily)
Ulcer Therapy Combinations		
omeprazole-sodium bicarbonate caps 20 mg-1100 mg	1	QL(1 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/Limits
ZEGERID CAPS 20 MG-1100 MG (Use omeprazole-sodium bicarbonate)	NF	RX/OTC
URINARY ANTISPASMODICS - Drugs to Treat Miscellaneous Bladder Spasms		
Urinary Antispasmodic - Antimuscarinics		
darifenacin hydrobromide tb24	1	QL(1 ea daily)
DETROL LA CP24 (Use tolterodine tartrate)	NF	QL(1 ea daily)
DETROL TABS (Use tolterodine tartrate)	NF	
DITROPAN XL TB24 (Use oxybutynin chloride)	NF	
ENABLEX TB24 (Use darifenacin hydrobromide)	NF	QL(1 ea daily)
oxybutynin chloride syrp	1	
oxybutynin chloride tabs	1	
oxybutynin chloride tb24	1	
solifenacin succinate tabs	1	PA; QL(1 ea daily)
tolterodine tartrate cp24 2 mg, 4 mg	1	QL(1 ea daily)
tolterodine tartrate tabs 1 mg, 2 mg	1	
TOVIAZ TB24	3	PA; QL(1 ea daily)
tropium chloride cp24 60 mg	1	QL(1 ea daily)
tropium chloride tabs 20 mg	1	
VESICARE TABS (Use solifenacin succinate)	NF	PA; QL(1 ea daily)
Urinary Antispasmodics - Beta-3 Adrenergic		
MYRBETRIQ TB24 25 MG, 50 MG	3	PA
Urinary Antispasmodics - Cholinergic Agonists		
bethanechol chloride tabs 10 mg, 5 mg, 50 mg	1	QL(4 ea daily)
bethanechol chloride tabs 25 mg	1	

Drug Name	Drug Tier	Requirements/ Limits
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		
ACTHIB SOLR	0	
BEXSERO SUSY	0	
HIBERIX SOLR	0	
MENQUADFI SOLN	0	
MENVEO SOLR	0	
PEDVAX HIB SUSP	0	
PNEUMOVAX 23 INJ	0	
PNEUMOVAX 23/1 DOSE INJ	0	
PREVNAR 13 SUSP	0	
TRUMENBA SUSY	0	
Viral Vaccines		
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,

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

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

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

Drug Name	Drug Tier	Requirements/ Limits
GARDASIL 9 SUSP	0	3 rtl MAX fill,365 rtl day(s) supply,
GARDASIL 9 SUSY	0	3 rtl MAX fill,365 rtl day(s) supply,
HAVRIX SUSP	0	
HEPLISAV-B SOSY	0	
IPOL INACTIVATED IPV INJ	0	
M-M-R II SOLR	0	1 rtl MAX fill,365 rtl day(s) supply,
RECOMBIVAX HB SUSP	0	
ROTARIX SUSR	0	
ROTATEQ SOLN	0	
SHINGRIX SUSR	0	2 rtl pack lmt amt,999 rtl pack lmt day(s),; AL(At least 18 yrs old)
TWINRIX SUSY	0	
VAQTA SUSP	0	
VARIVAX INJ	0	2 rtl MAX fill,365 rtl day(s) supply,
ZOSTAVAX SUSR	0	QL(1 ea per fill retail)1 rtl pack lmt amt,999 rtl pack lmt day(s),; AL(At least 50 yrs old)
VAGINAL AND RELATED PRODUCTS		
Miscellaneous Vaginal Products		
INTRAROSA INST	3	PA
Spermicides		

Drug Name	Drug Tier	Requirements/ Limits
SHUR-SEAL GEL	0	
TODAY SPONGE MISC	0	
Vaginal Anti-infectives		
CLEOCIN CREA VA 2 % (Use clindamycin phosphate vaginal)	NF	
clindamycin phosphate vaginal crea	1	
clotrimazole vaginal crea	1	
GYNAZOLE-1 CREA	3	
GYNE-LOTRIMIN CREA (Use clotrimazole vaginal)	NF	
metronidazole vaginal gel	1	
miconazole nitrate vaginal supp	1	
terconazole vaginal crea	1	
terconazole vaginal supp	1	
Vaginal Contraceptive - pH Modulators		
PHEXXI GEL	0	PV
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		

Drug Name	Drug Tier	Requirements/ Limits
<i>epinephrine (anaphylaxis) soaj 0.15 mg/0.3ml</i>	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,
<i>epinephrine (anaphylaxis) soaj 0.3 mg/0.3ml</i>	2	QL(2 ea per fill retail)2 rtl MAX fill,365 rtl day(s) supply,
<i>epinephrine (anaphylaxis) soaj 0.3 mg/0.3ml</i>	2	QL(2 ea per fill retail,2 ea per fill mail)2 rtl MAX fill,365 rtl day(s) supply,2 mail MAX fill,365 mail day(s) supply,
EPIPEN 2-PAK SOAJ (Use <i>epinephrine (anaphylaxis)</i>)	NF	
EPIPEN-JR 2-PAK SOAJ (Use <i>epinephrine (anaphylaxis)</i>)	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		
<i>midodrine hcl tabs</i>	1	
VITAMINS		
Oil Soluble Vitamins		
<i>cholecalciferol caps 1.25 mg, 50000 unit</i>	1	
<i>cholecalciferol tabs 400 unit</i>	0	
DRISDOL CAPS (Use <i>ergocalciferol</i>)	0	
<i>ergocalciferol caps or 1.25 mg, 50000 unit</i>	0	
<i>ergocalciferol soln or 200 mcg/ml, 8000 unit/ml</i>	1	
VITAMIN D2 TABS	0	AL(At least 65 yrs old)

Drug Name	Drug Tier	Requirements/ Limits
Water Soluble Vitamins		
<i>niacin cpcr or 500 mg, 250 mg</i>	1	
<i>niacin tabs or 250 mg, 50 mg, 100 mg, 500 mg</i>	1	
<i>niacin tbcr or 750 mg, 250 mg, 500 mg</i>	1	
NIACIN TR TBCR	1	
<i>niacinamide tabs or 100 mg, 500 mg</i>	1	
SLO-NIACIN TBCR 250 MG (Use <i>niacin</i>)	NF	
SLO-NIACIN TBCR 750 MG, 500 MG (Use <i>niacin</i>)	1	

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ciprofloxacin hcl.....	69	5/16".....	91	10%.....	117
ciprofloxacin hcl (ophth)....	118	CLEVER CHOICE COMFORT		CLINIMIX 4.25%/DEXTROSE	
ciprofloxacin hcl (otic).....	120	EZINSULIN		25%.....	117
ciprofloxacin in d5w.....	69	SYRINGE/0.5ML/28G X		CLINIMIX 4.25%/DEXTROSE	
ciprofloxacin-dexamethasone		1/2".....	91	5%.....	117
.....	120	CLEVER CHOICE COMFORT		CLINIMIX 5%/DEXTROSE	
ciprofloxacin-fluocinolone		EZINSULIN		25%.....	117
acetonide.....	120	SYRINGE/0.5ML/29G X		CLINIMIX E 5%/DEXTROSE	
CIPROFLOXACIN/FLUOCINOLONE		1/2".....	91	20%.....	117
NE ACETONIDE PF.....	120	CLEVER CHOICE COMFORT		clobazam.....	16
cisplatin.....	34	EZINSULIN		clobetasol propionate.....	60
citalopram hydrobromide.....	21	SYRINGE/0.5ML/30G X		clobetasol propionate emollient	
CLARINEX.....	28	5/16".....	91	base.....	60
clarithromycin.....	75	CLEVER CHOICE COMFORT		clocortolone pivalate.....	60
CLARITIN.....	28	EZINSULIN		CLODERM.....	60
CLARITIN ALLERGY		SYRINGE/0.5ML/31G X		clofarabine.....	35
CHILDRENS.....	28	5/16".....	91	CLOLAR.....	35
CLARITIN CHILDRENS.....	28	CLEVER CHOICE COMFORT		clomipramine hcl.....	22
CLARITIN REDITABS.....	28	EZINSULIN		clonazepam.....	16
CLARITIN-D 12 HOUR.....	54	SYRINGE/1.0ML/30G X		clonidine.....	31
CLARITIN-D 24 HOUR.....	55	1/2".....	91	clonidine hcl.....	31
		CLEVER CHOICE COMFORT		clonidine hcl (adhd).....	2
		EZINSULIN		clopidogrel bisulfate.....	72
		SYRINGE/1ML/28G X 1/2" 91		clorazepate dipotassium.....	12
				clotrimazole.....	114
				clotrimazole (topical).....	57

clotrimazole vaginal.....	130	COMFORT EZ INSULIN SYRINGE/U-100/0.5ML/31G X 5/16".....	92	CVS LANCETS ULTRA-THIN 30G.....	78
clotrimazole w/ betamethasone.....	57	COMFORT EZ INSULIN SYRINGE/U-100/1ML/31G X 5/16".....	92	CVS LANCING DEVICE.....	78
clozapine.....	42	COMFORT LANCETS.....	78	CVS PRENATAL.....	115
CLOZARIL.....	42,43	COMPLERA.....	44	CVS ULTRA THIN LANCETS.....	78
COAGUCHEK LANCETS.....	78	COMTAN.....	40	cyanocobalamin.....	72
COARTEM.....	33	CONCERTA.....	2	cyclobenzaprine hcl.....	116
CODEINE SULFATE.....	6	CONTRAVE.....	2	cyclophosphamide.....	34
codeine sulfate.....	6	COPAXONE.....	123	cycloserine.....	34
COGENTIN.....	40	COPIKTRA.....	38	CYCLOSET.....	24
COLACE.....	74	CORDRAN.....	61	cyclosporine.....	114
COLAZAL.....	69	COREG.....	48	cyclosporine modified (for microemulsion).....	114
colchicine.....	71	CORGARD.....	48	CYKLOKAPRON.....	73
colchicine w/ probenecid.....	71	CORLANOR.....	51	CYMBALTA.....	22
COLCRYS.....	71	CORTEF.....	53	cyproheptadine hcl.....	28
colesevelam hcl.....	29	CORTENEMA.....	9	CYSTADANE.....	67
COLESTID.....	29	cortisone acetate.....	53	CYSTAGON.....	70
COLESTID FLAVORED.....	29	CORTISPORIN-TC.....	120	CYSTARAN.....	119
colestipol hcl.....	29	COSENTYX.....	59	cytarabine.....	35
COLY-MYCIN S.....	120	COSENTYX SENSOREADY PEN.....	59	CYTOMEL.....	125
COMBIGAN.....	117	COSMEGEN.....	37	CYTOTEC.....	127
COMBIVIR.....	44	COSOPT.....	117	CYTOVENE.....	46
COMETRIQ.....	38	COUMADIN.....	15	D.H.E. 45.....	110
COMFORT ASSIST INSULIN SYRINGE 0.3ML/29G X 1/2".....	91	COZAAR.....	30	dacarbazine.....	39
COMFORT ASSIST INSULIN SYRINGE/0.3ML/30G X 5/16".....	92	CREON.....	64	DACOGEN.....	35
COMFORT ASSIST INSULIN SYRINGE/0.3ML/31G X 5/16".....	92	CRESEMBA.....	27	dactinomycin.....	37
COMFORT ASSIST INSULIN SYRINGE/0.5ML/29G X 1/2".....	92	CRESTOR.....	29	dalfampridine.....	123
COMFORT ASSIST INSULIN SYRINGE/0.5ML/30G X 5/16".....	92	CRIVIVAN.....	44	DALIRESP.....	14
COMFORT ASSIST INSULIN SYRINGE/0.5ML/31G X 5/16".....	92	cromolyn sodium.....	13	danazol.....	9
COMFORT ASSIST INSULIN SYRINGE/1ML/29G X 1/2".....	92	cromolyn sodium (ophth).....	119	DANTRIUM.....	116
COMFORT ASSIST INSULIN SYRINGE/1ML/30G X 5/16".....	92	crotamiton.....	63	dantrolene sodium.....	116
COMFORT ASSIST INSULIN SYRINGE/1ML/31G X 5/16".....	92	CUBICIN.....	11	dapsone.....	11
COMFORT ASSURED LANCETS MICRO THIN 33G.....	78	CUBICIN RF.....	11	DAPTACEL.....	125
COMFORT ASSURED LANCETS SUPER THIN 28G.....	78	CUPRIMINE.....	113	daptomycin.....	11
		CUTIVATE.....	61	DARAPRIM.....	33
		CUVITRU.....	120	darifenacin hydrobromide.....	127
		CVS LANCETS 21G.....	78	DAURISMO.....	36
		CVS LANCETS MICRO THIN 33G.....	78	DAYPRO.....	4
		CVS LANCETS MICRO-THIN 33G.....	78	DAYTRANA.....	2
		CVS LANCETS ORIGINAL.....	78	DDAVP.....	67
		CVS LANCETS THIN 26G.....	78	DEBACTEROL.....	114
		CVS LANCETS ULTRA THIN 30G.....	78	decitabine.....	35
				deferasirox.....	25
				deferiprone.....	25
				DELESTROGEN.....	68

DELSTRIGO.....	44	DEXEDRINE.....	1	dimethyl fumarate.....	123
DELZICOL.....	70	DEXILANT.....	126	DIOVAN.....	30
demeclocycline hcl.....	124	dexmethylphenidate hcl.....	2	DIOVAN HCT.....	31
DEMEROL.....	6	dextroamphetamine sulfate.....	1	DIPENTUM.....	70
DENAVIR.....	60	dextrose in lactated ringers.....	112	diphenhydramine hcl.....	27
DEPAKOTE.....	20	DIACOMIT.....	17	diphenoxylate w/ atropine.....	25
DEPAKOTE ER.....	20	DIASTAT ACUDIAL.....	16	DIPHTHERIA/TETANUS TOXOIDS ADSORBED PEDIATRIC.....	125
DEPEN TITRATABS.....	113	DIASTAT PEDIATRIC.....	16	DIPROLENE.....	61
DEPO-ESTRADIOL.....	68	DIATHRIVE LANCETS.....	78	DIPROLENE AF.....	61
DEPO-MEDROL.....	53	DIATHRIVE LANCETS ULTRA THIN 30G.....	78	dipyridamole.....	72
DEPO-PROVERA CONTRACEPTIVE.....	53	DIATHRIVE LANCING DEVICE.....	78	disopyramide phosphate.....	13
DEPO-SUBQ PROVERA 104.....	53	diazepam.....	12,13	disulfiram.....	122
DEPO-TESTOSTERONE.....	9	diazepam (anticonvulsant).....	16	DITROPAN XL.....	127
DERMA-SMOOTH/FS BODY.....	61	diazoxide.....	23	divalproex sodium.....	20
DERMA-SMOOTH/FS SCALP.....	61	DIBENZYLINE.....	30	DIVIGEL.....	68
DERMOTIC.....	120	DICLEGIS.....	26	docetaxel.....	40
DESCOVY.....	44	diclofenac epolamine.....	56	DOCETAXEL.....	40
desipramine hcl.....	22	diclofenac potassium.....	4	docetaxel.....	40
desloratadine.....	28	diclofenac sodium.....	4	DOCETAXEL.....	40
desmopressin acetate.....	67	diclofenac sodium (actinic keratoses).....	58	docusate calcium.....	74
DESMOPRESSIN ACETATE.....	68	diclofenac sodium (ophth).....	119	docusate sodium.....	74
desmopressin acetate.....	68	diclofenac sodium (topical).....	56	dofetilide.....	13
desmopressin acetate spray.....	68	diclofenac w/ misoprostol.....	4	donepezil hydrochloride.....	122
desmopressin acetate spray refrigerated.....	68	dicloxacillin sodium.....	121	DOPTELET.....	72
desogestrel & ethinyl estradiol.....	51	dicyclomine hcl.....	126	dorzolamide hcl.....	119
desogestrel-ethinyl estradiol (biphasic).....	52	didanosine.....	44	dorzolamide hcl-timolol maleate.....	117
desogestrel-ethinyl estradiol (triphasic).....	52	DIFFERIN.....	56	DOVATO.....	44
desonide.....	61	DIFICID.....	75	DOVONEX.....	59
DESOWEN.....	61	diflorasone diacetate.....	61	doxazosin mesylate.....	31
desoximetasone.....	61	DIFLUCAN.....	27	doxepin hcl.....	22
DESOXYN.....	1	diflunisal.....	6	doxepin hcl (antipruritic).....	59
desvenlafaxine succinate.....	22	difluprednate.....	119	doxepin hcl (sleep).....	73
DETROL.....	127	digoxin.....	49	doxercalciferol.....	67
DETROL LA.....	127	dihydroergotamine mesylate.....	110	DOXIL.....	37
dexamethasone.....	53	DILANTIN.....	19	doxorubicin hcl.....	37
DEXAMETHASONE INTENSOL.....	53	DILANTIN INFATABS.....	19	doxorubicin hcl liposomal.....	37
dexamethasone sodium phosphate.....	53	DILANTIN-125.....	19	doxycycline (monohydrate).....	124,125
dexamethasone sodium phosphate (ophth).....	119	DILAUDID.....	6	doxycycline hyclate.....	125
dexchlorpheniramine maleate.....	27	diltiazem hcl.....	49	doxylamine-pyridoxine.....	26
		DILTIAZEM HCL.....	49	DRISDOL.....	131
		diltiazem hcl.....	49	dronabinol.....	26
		diltiazem hcl coated beads.....	49	DROPLET GENTEEL LANCING DEVICE.....	78
		diltiazem hcl extended release beads.....	49		

DROPLET INSULIN SYRINGE 0.3ML/29G X 1/2".....	92	DRUG MART ON-THE-GO LANCETS GENTLE 30G... 79	EASY MINI LANCING DEVICE.....	79
DROPLET INSULIN SYRINGE 0.5ML/29G X 1/2".....	92	DRUG MART UNILET LANCETSSUPER THIN 30G.....	EASY TOUCH FLIPLOCK SAFETY INSULIN SYRINGE 1ML/29GX1/2".....	93
DROPLET INSULIN SYRINGE 1ML/29G X 1/2".....	92	DRUG MART UNILET LANCETSULTRA THIN 28G.....	EASY TOUCH FLIPLOCK SAFETY INSULIN SYRINGE 1ML/30GX1/2".....	93
DROPLET INSULIN SYRINGE U-100/0.3/31G X 5/16".....	92	DRUG MART UNILET MICRO THIN LANCETS 33G.....	EASY TOUCH FLIPLOCK SAFETY INSULIN SYRINGE 1ML/30GX5/16".....	93
DROPLET INSULIN SYRINGE U-100/0.3ML/30G X 1/2".....	92	DUAC.....	EASY TOUCH FLIPLOCK SAFETY INSULIN SYRINGE 1ML/31GX5/16".....	93
DROPLET INSULIN SYRINGE U-100/0.3ML/30G X 5/16".....	92	DUAVEE.....	EASY TOUCH INSULIN SYRINGE/0.3ML/30G X 5/16".....	93
DROPLET INSULIN SYRINGE U-100/0.5ML/30G X 1/2".....	92	DUETACT.....	EASY TOUCH INSULIN SYRINGE/0.3ML/31G X 5/16".....	93
DROPLET INSULIN SYRINGE U-100/0.5ML/30G X 5/16".....	92	DULCOLAX.....	EASY TOUCH INSULIN SYRINGE/0.5ML/29G X 1/2".....	93
DROPLET INSULIN SYRINGE U-100/0.5ML/31G X 5/16".....	92	duloxetine hcl.....	EASY TOUCH INSULIN SYRINGE/0.5ML/30G X 5/16".....	93
DROPLET INSULIN SYRINGE U-100/1ML/30G X 1/2".....	92	DUPIXENT.....	EASY TOUCH INSULIN SYRINGE/1ML/30G X 5/16".....	93
DROPLET INSULIN SYRINGE U-100/1ML/30G X 5/16".....	92	DURAGESIC.....	EASY TOUCH INSULIN SYRINGE/SAFETY/U- 100/0.5ML/29G X 1/2".....	93
DROPLET INSULIN SYRINGE U-100/1ML/31G X 15/64".....	92	DUREX EXTRA SENSITIVE.....	EASY TOUCH INSULIN SYRINGE/SAFETY/U- 100/0.5ML/30G X 5/16".....	93
DROPLET INSULIN SYRINGE U-100/1ML/31G X 5/16".....	92	DUREZOL.....	EASY TOUCH INSULIN SYRINGE/SAFETY/U- 100/1ML/29G X 1/2".....	93
DROPLET INSULIN SYRINGE/U-100/0.3ML/31G X 5/16".....	92	dutasteride.....	EASY TOUCH INSULIN SYRINGE/SAFETY/U- 100/1ML/30G X 1/2".....	93
DROPLET INSULIN SYRINGE/U-100/0.5ML/30G X 1/2".....	92	DYAZIDE.....	EASY TOUCH INSULIN SYRINGE/U-100/0.3ML/30G X 1/2".....	93
DROPLET INSULIN SYRINGE/U-100/0.5ML/31G X 5/16".....	92	DYRENIUM.....	EASY TOUCH INSULIN SYRINGE/U-100/0.5ML/27G X 1/2".....	93
DROPLET INSULIN SYRINGE/U-100/1ML/30G X 1/2".....	93	DYSPORT.....	EASY TOUCH INSULIN SYRINGE/U-100/0.5ML/28G X 1/2".....	93
DROPLET INSULIN SYRINGE/U-100/1ML/31G X 15/64".....	93	E-Z JECT LANCETS.....	EASY TOUCH INSULIN SYRINGE/U-100/0.5ML/29G X 1/2".....	93
DROPLET INSULIN SYRINGE/U-100/1ML/31G X 5/16".....	93	E-Z JECT LANCETS 21G.....	EASY TOUCH INSULIN SYRINGE/U-100/0.5ML/30G X 1/2".....	93
DROPLET LANCETS ULTRA THIN 30G.....	78	E-Z JECT LANCETS COLOR.....	EASY TOUCH INSULIN SYRINGE/U-100/0.5ML/30G X 1/2".....	93
DROPLET LANCING DEVICE.....	78	E-Z JECT LANCETS SUPER THIN 30G.....	EASY TOUCH INSULIN SYRINGE/1ML/30G X 5/16".....	93
DROPLET PERSONAL LANCETS30G.....	78	E-Z JECT LANCETS THIN 26G.....	EASY TOUCH INSULIN SYRINGE/1ML/31G X 5/16".....	93
drospirenone-ethinyl estradiol.....	52	E-ZJECT LANCETS MICRO- THIN 33G.....	EASY TOUCH INSULIN SYRINGE/1ML/30G X 5/16".....	93
drospirenone-ethinyl estradiol- levomefolate calcium.....	52	E.E.S. GRANULES.....	EASY TOUCH INSULIN SYRINGE/U-100/0.5ML/30G X 1/2".....	93
DROXIA.....	72	EASY COMFORT INSULIN SYRINGE/0.5ML/30G X 5/16".....	EASY TOUCH INSULIN SYRINGE/U-100/0.5ML/29G X 1/2".....	93
DRUG MART ADJUSTABLE LANCING DEVICE.....	79	EASY COMFORT INSULIN SYRINGE/0.5ML/31G X 5/16".....	EASY TOUCH INSULIN SYRINGE/U-100/0.5ML/30G X 1/2".....	93
DRUG MART LANCETS THIN.....	79	EASY COMFORT INSULIN SYRINGE/1ML/30G X 5/16".....	EASY TOUCH INSULIN SYRINGE/U-100/0.5ML/31G X 5/16".....	94
		EASY COMFORT INSULIN SYRINGE/1ML/31G X 5/16".....		
		EASY COMFORT INSULIN SYRINGE/U-100/0.5ML/30G X 1/2".....		
		EASY COMFORT INSULIN SYRINGE/U-100/1ML/30G X 1/2".....		
		EASY MINI EJECT LANCING DEVICE.....		

EASY TOUCH INSULIN SYRINGE/U-100/1ML/27G X 1/2".....	94	EASY TOUCH SAFETY LANCETS26G/BUTTON ACTIVATED.....	79	ELITE-THIN INSULIN SYRINGE/0.3ML/31G X 5/16".....	94
EASY TOUCH INSULIN SYRINGE/U-100/1ML/28G X 1/2".....	94	EASY TOUCH SAFETY LANCETS26G/PRESSURE ACTIVATED.....	79	ELITE-THIN INSULIN SYRINGE/0.5ML/29G X 1/2".....	94
EASY TOUCH INSULIN SYRINGE/U-100/1ML/29G X 1/2".....	94	EASY TOUCH SAFETY LANCETS28G/BUTTON ACTIVATED.....	79	ELITE-THIN INSULIN SYRINGE/0.5ML/30G X 5/16".....	94
EASY TOUCH INSULIN SYRINGE/U-100/1ML/30G X 1/2".....	94	EASY TOUCH SAFETY LANCETS28G/PRESSURE ACTIVATED.....	79	ELITE-THIN INSULIN SYRINGE/1ML/30G X 5/16".....	94
EASY TOUCH INSULIN SYRINGE/U-100/1ML/31G X 5/16".....	94	EASY TOUCH SHEATHLOCK SAFETY INSULIN SYRINGE 1ML/29GX1/2".....	94	ELITE-THIN INSULIN SYRINGE/U-100/0.5ML/28G X 1/2".....	94
EASY TOUCH LANCETS 21G/PRESSURE ACTIVATED.....	79	EASY TOUCH SHEATHLOCK SAFETY INSULIN SYRINGE 1ML/30GX5/16".....	94	ELITE-THIN INSULIN SYRINGE/U-100/0.5ML/31G X 5/16".....	94
EASY TOUCH LANCETS 23G/PRESSURE ACTIVATED.....	79	EASY TOUCH SHEATHLOCK SAFETY INSULIN SYRINGE 1ML/31GX5/16".....	94	ELITE-THIN INSULIN SYRINGE/U-100/1ML/28G X 1/2".....	94
EASY TOUCH LANCETS 26G/PRESSURE ACTIVATED.....	79	EASY TOUCH SHEATHLOCK SAFETY SYRINGE 1ML/30GX1/2".....	94	ELITE-THIN INSULIN SYRINGE/U-100/1ML/31G X 5/16".....	94
EASY TOUCH LANCETS 26G/PULL-TOP.....	79	EASY TWIST & CAP LANCETS.....	79	ELIXOPHYLLIN.....	15
EASY TOUCH LANCETS 28G/PRESSURE ACTIVATED.....	79	EC-NAPROSYN.....	4	ELLA.....	53
EASY TOUCH LANCETS 28G/PULL-TOP.....	79	econazole nitrate.....	57	ELLENC.....	37
EASY TOUCH LANCETS 28G/TWIST.....	79	EDARBI.....	30	ELMIRON.....	71
EASY TOUCH LANCETS 30G/BUTTON-ACTIVATED.....	79	EDECIN.....	65	ELOCON.....	61
EASY TOUCH LANCETS 30G/PRESSURE ACTIVATED.....	79	EDURANT.....	44	EMBRACE LANCETS ULTRA THIN 30G.....	79
EASY TOUCH LANCETS 30G/PULL-TOP.....	79	efavirenz.....	44	EMBRACE LANCING DEVICE WITH EJECTOR.....	80
EASY TOUCH LANCETS 30G/TWIST.....	79	efavirenz-emtricitabine- tenofovir disoproxil fumarate.....	44	EMCYT.....	36
EASY TOUCH LANCETS 32G/PRESSURE ACTIVATED.....	79	efavirenz-lamivudine-tenofovir disoproxil fumarate.....	44	EMEND.....	26
EASY TOUCH LANCETS 32G/PULL-TOP.....	79	EFFEXOR XR.....	22	EMEND TRIPACK.....	26
EASY TOUCH LANCETS 32G/TWIST.....	79	EFFIENT.....	72	EMFLAZA.....	53
EASY TOUCH LANCETS 33G/TWIST.....	79	EFUDEX.....	58	EMGALITY.....	110
EASY TOUCH LANCING DEVICE/EJECTOR.....	79	EGRIFTA.....	66	EMSAM.....	20
EASY TOUCH SAFETY LANCETS21G/PRESSURE ACTIVATED.....	79	EGRIFTA SV.....	66	emtricitabine.....	44
EASY TOUCH SAFETY LANCETS23G/PRESSURE ACTIVATED.....	79	ELAPRASE.....	67	emtricitabine-tenofovir disoproxil fumarate.....	44
		ELELYSO.....	72	EMTRIVA.....	44,45
		ELESTRIN.....	68	EMVERM.....	10
		eletriptan hydrobromide.....	111	ENABLEX.....	127
		ELIDEL.....	63	enalapril maleate.....	30
		ELIGARD.....	36	enalapril maleate & hydrochlorothiazide.....	31
		ELIMITE.....	63	ENBREL.....	5
		ELIQUIS.....	15	ENBREL MINI.....	5
		ELIQUIS STARTER PACK.....	15	ENBREL SURECLICK.....	5
				ENGERIX-B.....	128

enoxaparin sodium.....	16	ERAXIS.....	27	everolimus	
entacapone.....	40	ERBITUX.....	36	(immunosuppressant).....	114
entecavir.....	47	ergocalciferol.....	131	EVISTA.....	66
ENTEREG.....	70	ergoloid mesylates.....	123	EVOCLIN.....	56
ENTOCORT EC.....	54	ERGOMAR.....	111	EVOXAC.....	115
ENTRESTO.....	50	ergotamine w/ caffeine... 110		EVZIO.....	25
EPCLUSA.....	47	ERIVEDGE.....	36	EXEL COMFORT POINT	
EPIDIOLEX.....	17	erlotinib hcl.....	36	INSULIN SYRINGE/0.3ML/29G X	
EPIDUO.....	56	ERTACZO.....	57	1/2".....	94
epinastine hcl (ophth).....	119	ertapenem sodium.....	10	EXEL COMFORT POINT	
epinephrine (anaphylaxis)..	131	ERWINASE.....	39	INSULIN SYRINGE/0.3ML/30G X	
EPIPEN 2-PAK.....	131	ERWINAZE.....	39	5/16".....	95
EPIPEN-JR 2-PAK.....	131	ERYPED 200.....	75	EXEL COMFORT POINT	
epirubicin hcl.....	37	ERYPED 400.....	75	INSULIN SYRINGE/0.5ML/28G X	
EPIVIR.....	45	erythromycin (acne aid)....	56	1/2".....	95
EPIVIR HBV.....	47	erythromycin (ophth).....	118	EXEL COMFORT POINT	
eplerenone.....	32	erythromycin base.....	75	INSULIN SYRINGE/0.5ML/30G X	
EPOGEN.....	72	erythromycin		5/16".....	95
epoprostenol sodium.....	50	ethylsuccinate.....	75	EXEL COMFORT POINT	
eprosartan mesylate.....	30	escitalopram oxalate.....	21	INSULIN SYRINGE/1ML/28G X	
EPZICOM.....	45	ESGIC.....	5	1/2".....	95
EQL COLOR LANCETS 21G80		esomeprazole		EXEL COMFORT POINT	
EQL COLOR LANCETS MICRO		magnesium.....	126	INSULIN SYRINGE/1ML/29G X	
THIN 33G.....	80	estazolam.....	73	1/2".....	95
EQL INSULIN		ESTRACE.....	68	EXEL COMFORT POINT	
SYRINGE/0.3ML/29G X 1/2"	94	estradiol.....	68	INSULIN SYRINGE/1ML/30G X	
EQL INSULIN		estradiol vaginal.....	130	5/16".....	95
SYRINGE/0.3ML/30G X		estradiol valerate.....	68	EXELDERM.....	57
5/16".....	94	ESTROGEL.....	68	exemestane.....	36
EQL INSULIN		ESTROSTEP FE.....	52	EXFORGE.....	31
SYRINGE/0.3ML/31G X		eszopiclone.....	73	EXFORGE HCT.....	31
5/16".....	94	ethacrynic acid.....	65	EXJADE.....	25
EQL INSULIN		ethambutol hcl.....	34	EXTAVIA.....	123
SYRINGE/0.5ML/29G X 1/2"	94	ethosuximide.....	19	EZ-LETS LANCETS 21G... 80	
EQL INSULIN		ethynodiol diacet & eth		EZ-LETS LANCETS 26G	
SYRINGE/0.5ML/30G X		estrad.....	52	SUPER-SOFT.....	80
5/16".....	94	etidronate disodium.....	65	EZ-LETS LANCETS 28G	
EQL INSULIN		etodolac.....	4	ULTRA-SOFT.....	80
SYRINGE/0.5ML/31G X		etonogestrel-ethinyl		EZ-LETS LANCETS 30G... 80	
5/16".....	94	estradiol.....	53	ezetimibe.....	30
EQL INSULIN		ETOPOPHOS.....	40	ezetimibe-simvastatin.....	29
SYRINGE/1ML/29G X 1/2"	94	etoposide.....	40	FABRAZYME.....	67
EQL INSULIN		etravirine.....	45	FALESSA.....	52
SYRINGE/1ML/30G X 5/16"	94	EUCRISA.....	63	famciclovir.....	47
EQL INSULIN		EURAX.....	63	famotidine.....	126
SYRINGE/1ML/31G X 5/16"	94	EVAMIST.....	68	famotidine in nacl.....	126
EQL PRENATAL		everolimus.....	38	FANAPT.....	42
FORMULA.....	115			FANAPT TITRATION PACK	42
EQL SUPER THIN LANCETS				FANTASY LUBRICATED... 75	
30G.....	80				
EQL THIN LANCETS 26G... 80					
EQUETRO.....	42				

FANTASY LUBRICATED/SPERMICIDE	75	FIFTY50 SUPERIOR COMFORTINSULIN SYRINGE/1ML/31G X 5/16"	95	FLUCELVAX QUADRIVALENT 2020-2021	129
FARESTON	36	FIFTY50 UNILET LANCETS 33G	80	FLUCELVAX QUADRIVALENT 2021-2022	129
FARXIGA	24	FINACEA	63	fluconazole	27
FASENRA	13	finasteride	71	flucytosine	27
FASENRA PEN	13	FINE 30	80	fludarabine phosphate	35
FASLODEX	36	FINGERSTIX LANCETS	80	fludrocortisone acetate	54
FAZACLO	43	FIORICET	5	FLULAVAL QUADRIVALENT 2019-2020	129
FC FEMALE CONDOM	75	FIORICET/CODEINE	8	FLULAVAL QUADRIVALENT 2020-2021	129
febuxostat	71	FIORINAL	5	FLULAVAL QUADRIVALENT 2021-2022	129
felbamate	19	FIORINAL/CODEINE #3	8	FLUMADINE	47
FELBATOL	19	FIRAZYR	71	FLUMIST QUADRIVALENT	129
FELDENE	4	FIRDAPSE	33	flunisolide (nasal)	117
felodipine	49	FIRMAGON	36	fluocinolone acetonide	61
FEMARA	36	FIRVANQ	11	fluocinolone acetonide (otic)	120
FEMCAP	75	FLAGYL	10	fluocinonide	61
FEMHRT	68	flavoxate hcl	128	fluocinonide emulsified base	61
FEMRING	130	flecainide acetate	13	fluorometholone (ophth)	119
fenofibrate	29	FLECTOR	56	fluorouracil	35
fenofibrate micronized	29	FLOLAN	50	fluorouracil (topical)	58
fenoprofen calcium	4	FLOMAX	71	fluoxetine hcl	21
FENSOLVI	67	FLONASE ALLERGY RELIEF	117	FLUOXETINE HYDROCHLORIDE	21
fantanyl	6	FLONASE ALLERGY RELIEF CHILDRENS	117	fluphenazine hcl	43
fantanyl citrate	6	FLOVENT DISKUS	14	flurandrenolide	61
FER-IN-SOL	73	FLOVENT HFA	14	flurbiprofen	4
FERRIPROX	25	floxuridine	35	flurbiprofen sodium	119
ferrous fumarate-folic acid	73	FLUAD 2019-2020	128	flutamide	36
ferrous sulfate	73	FLUAD 2020-2021	128	fluticasone propionate	61
FETZIMA	22	FLUAD QUADRIVALENT 2021- 2022	128	fluticasone propionate (nasal)	117
FETZIMA TITRATION PACK	22	FLUAD QUADRIVALENT INFLUENZA VACCINE FOR ADULTS	128	fluticasone-salmeterol	14
fexofenadine hcl	28	FLUARIX QUADRIVALENT 2019-2020	128	fluvastatin sodium	29
fexofenadine-pseudoephedrine	55	FLUARIX QUADRIVALENT 2020-2021	128	fluvoxamine maleate	21
FIASP	24	FLUARIX QUADRIVALENT 2021-2022	129	FLUZONE HIGH-DOSE PF 2019- 2020	129
FIASP FLEXTOUCH	24	FLUBLOK QUADRIVALENT 2019-2020	129	FLUZONE HIGH-DOSE PF 2020- 2021	129
FIASP PENFILL	24	FLUBLOK QUADRIVALENT 2020-2021	129	FLUZONE HIGH-DOSE PF 2021- 2022	129
FIBERCON	74	FLUBLOK QUADRIVALENT 2021-2022	129	FLUZONE QUADRIVALENT 2019-2020	129
FIFTY50 SAFETY SEAL LANCETS 30G	80	FLUCELVAX QUADRIVALENT 2019-2020	129	FLUZONE QUADRIVALENT 2020-2021	129
FIFTY50 SAFETY SEAL LANCETS 32G	80	FLUCELVAX QUADRIVALENT 2021-2022	129	FLUZONE QUADRIVALENT 2021-2022	129
FIFTY50 SUPERIOR COMFORTINSULIN SYRINGE/0.3ML/31G X 5/16"	95	FML	119		
FIFTY50 SUPERIOR COMFORTINSULIN SYRINGE/0.5ML/31G X 5/16"	95				

FML FORTE	119	FUZEON	45	GENTLE-LET GP LANCETS	80
FML LIQUIFILM	119	FYCOMPA	16	GENTLE-LET LANCETS	
FOCALIN	2	gabapentin	17	GENERAL PURPOSE	
FOCALIN XR	2	GABITRIL	19	STYLE/FINE POINT	80
folic acid	72	GALAFOLD	67	GENTLE-LET LANCETS	
FOLOTYN	35	galantamine		GENERAL PURPOSE	
fondaparinux sodium	16	hydrobromide	122	STYLE/MEDIUM POINT	80
FORA GTEL BLOOD KETONE		GAMMAGARD LIQUID	120	GENTLE-LET LANCETS	
TEST STRIPS	64	GAMMAGARD S/D IGA LESS		SAFETY STYLE/FINE	
FORA LANCETS	80	THAN 1MCG/ML	121	POINT	80
FORA LANCING DEVICE	80	GAMMAKED	121	GENTLE-LET LANCETS	
FORA LANCING		GAMUNEX-C	121	SAFETY STYLE/MEDIUM	
DEVICE/CLEARCAP	80	ganciclovir sodium	46	POINT	80
FORTAZ	51	ganirelix acetate	66	GENVOYA	45
FOSAMAX	65	GANIRELIX ACETATE	66	GEODON	42
FOSAMAX PLUS D	65	GARDASIL 9	130	GILENYA	123
fosamprenavir calcium	45	gatifloxacin (ophth)	118	GILOTRIF	36
fosfomycin tromethamine	11	gemcitabine hcl	35	glatiramer acetate	123
fosinopril sodium	30	gemfibrozil	29	GLEEVEC	38
fosinopril sodium &		GENERESS FE	52	GLEOSTINE	34
hydrochlorothiazide	31	GENOTROPIN	66	glimepiride	25
fosphenytoin sodium	19	GENOTROPIN		glipizide	25
FOSRENOL	70	MINIQUICK	66	glipizide-metformin hcl	23
FRAGMIN	16	gentamicin in saline	3	GLOBAL EASY GLIDE INSULIN	
FREDS PHARMACY AUTOLET		gentamicin sulfate	3	SYRINGE/1ML/31G X	
LANCING DEVICE	80	gentamicin sulfate		15/64"	95
FREDS PHARMACY UNILET		(ophth)	118	GLOBAL EASY GLIDE	
LANCETS SUPER THIN		gentamicin sulfate (topical)	57	INSULINSYRINGE/U-	
30G	80	GENTEEL BUTTERFLY		100/0.3ML/31G X 5/16"	95
FREDS PHARMACY UNILET		TOUCH LANCETS	80	GLOBAL INJECT EASE INSULIN	
LANCETS ULTRA THIN		GENTEEL LANCING		SYRINGE/U-100/0.3ML/29G X	
28G	80	DEVICE/GLORIOUS		1/2"	95
FREESTYLE LANCETS	80	GOLD	80	GLOBAL INJECT EASE INSULIN	
FREESTYLE PRECISION		GENTEEL LANCING		SYRINGE/U-100/0.3ML/30G X	
INSULIN SYRINGE/U-		DEVICE/PRECIOUS		5/16"	95
100/0.5ML/30G X 5/16"	95	PLATINUM	80	GLOBAL INJECT EASE INSULIN	
FREESTYLE PRECISION		GENTEEL LANCING		SYRINGE/U-100/0.3ML/31G X	
INSULIN SYRINGE/U-		DEVICE/STATELY		5/16"	95
100/0.5ML/31G X 5/16"	95	SILVER	80	GLOBAL INJECT EASE INSULIN	
FREESTYLE PRECISION		GENTEEL PLUS LANCING		SYRINGE/U-100/0.5ML/28G X	
INSULIN SYRINGE/U-		DEVICE/BUFF BLACK	80	1/2"	95
100/1ML/31G X 5/16"	95	GENTEEL PLUS LANCING		GLOBAL INJECT EASE INSULIN	
FREESTYLE PRECISION		DEVICE/BUTTERFLY		SYRINGE/U-100/0.5ML/29G X	
INSULIN SYRINGES/U-		BLUE	80	1/2"	95
100/1ML/30G X 5/16"	95	GENTEEL PLUS LANCING		GLOBAL INJECT EASE INSULIN	
FREESTYLE UNISTICK II		DEVICE/PLAYFUL		SYRINGE/U-100/0.5ML/30G X	
LANCETS	80	PURPLE	80	1/2"	95
FROVA	111	GENTEEL PLUS LANCING		GLOBAL INJECT EASE INSULIN	
frovatriptan succinate	111	DEVICE/PRINCESS PINK	80	SYRINGE/U-100/0.5ML/30G X	
FULPHILA	72	GENTEEL PLUS LANCING		5/16"	95
fulvestrant	36	DEVICE/WILLOWY		GLOBAL INJECT EASE INSULIN	
furosemide	65	WHITE	80	SYRINGE/U-100/0.5ML/31G X	
				5/16"	96

GLOBAL INJECT EASE INSULIN SYRINGE/U-100/1ML/28G X 1/2"	96	GLUCOTROL	25	GNP INSULIN SYRINGES/3ML/31GX5/16"	97
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/1ML/29G X 1/2"	96	GLUCOTROL XL	25	GNP LANCETS 21G	81
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/1ML/30G X 1/2"	96	glyburide	25	GNP LANCETS MICRO THIN 33G	81
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/1ML/30G X 5/16"	96	glyburide micronized	25	GNP LANCETS SUPER THIN 30G	81
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/1ML/31G X 5/16"	96	glyburide-metformin	23	GNP LANCETS THIN	81
GLOBAL INSULIN SYRINGE/U-100/0.3ML/30G X 1/2"	96	glycine (gu irrigant)	70	GNP LANCETS THIN 26G	81
GLOBAL INSULIN SYRINGES/U-100/0.3ML/30GX5/16"	96	glycopyrrolate	126	GNP LANCING SYSTEM DEVICE	81
GLOBAL LANCING DEVICE	80	GLYNASE	25	GNP PRENATAL	115
GLUCAGEN DIAGNOSTIC	64	GLYSET	23	GNP ULTRA COMFORT INSULIN SYRINGE/0.3ML/29G X 1/2"	97
GLUCAGEN HYPOKIT	23	GLYXAMBI	23	GNP ULTRA COMFORT INSULIN SYRINGE/0.3ML/30G X 5/16" SHORT	97
glucagon (rdna)	23	GNP INSULIN SYRINGE/0.3ML/29G X 1/2"	96	GNP ULTRA COMFORT INSULIN SYRINGE/0.5ML/28G X 1/2"	97
GLUCAGON EMERGENCY KIT	23	GNP INSULIN SYRINGE/0.3ML/30G X 5/16"	96	GNP ULTRA COMFORT INSULIN SYRINGE/0.5ML/29G X 1/2"	97
GLUCOCOM LANCETS 28G	80	GNP INSULIN SYRINGE/0.3ML/31G X 5/16"	96	GNP ULTRA COMFORT INSULIN SYRINGE/1ML/28G X 1/2"	97
GLUCOCOM LANCETS 30G	81	GNP INSULIN SYRINGE/0.5ML/28G X 1/2"	96	GNP ULTRA COMFORT INSULIN SYRINGE/1ML/29G X 1/2"	97
GLUCOCOM LANCETS 33G	81	GNP INSULIN SYRINGE/0.5ML/29G X 1/2"	96	GOJJI BLOOD KETONE TEST STRIPS	64
GLUCOPRO INSULIN SYRINGE/U-100/0.3ML/30G X 1/2"	96	GNP INSULIN SYRINGE/0.5ML/30G X 5/16"	96	GOJJI LANCING DEVICE/CLEAR CAP	81
GLUCOPRO INSULIN SYRINGE/U-100/0.3ML/30G X 5/16"	96	GNP INSULIN SYRINGE/0.5ML/31G X 5/16"	96	GOJJI STERILE LANCETS 30G	81
GLUCOPRO INSULIN SYRINGE/U-100/0.3ML/31G X 5/16"	96	GNP INSULIN SYRINGE/1ML/28G X 1/2"	96	GOLYTELY	74
GLUCOPRO INSULIN SYRINGE/U-100/0.5ML/30G X 1/2"	96	GNP INSULIN SYRINGE/1ML/29G X 1/2"	96	GOODSENSE COLOR LANCETS MICRO-THIN 33G UNIVERSAL	81
GLUCOPRO INSULIN SYRINGE/U-100/0.5ML/30G X 5/16"	96	GNP INSULIN SYRINGE/1ML/30G X 5/16"	96	GOODSENSE LANCETS MICRO-THIN 33G	81
GLUCOPRO INSULIN SYRINGE/U-100/0.5ML/31G X 5/16"	96	GNP INSULIN SYRINGES/0.3ML/30GX5/16"	97	GOODSENSE LANCETS MICRO-THIN 33G UNIVERSAL	81
GLUCOPRO INSULIN SYRINGE/U-100/1ML/30G X 1/2"	96	GNP INSULIN SYRINGES/1ML/29GX1/2"	97	GOODSENSE LANCETS ULTRA-THIN 26G UNIVERSAL	81
GLUCOPRO INSULIN SYRINGE/U-100/1ML/30G X 5/16"	96	GNP INSULIN SYRINGES/1ML/28GX1/2"	97	GOODSENSE LANCETS ULTRA-THIN 30G	81
GLUCOPRO INSULIN SYRINGE/U-100/1ML/31G X 5/16"	96	GNP INSULIN SYRINGES/1ML/29GX1/2"	97	GOODSENSE LANCETS ULTRA-THIN 30G UNIVERSAL	81
				GOODSENSE LANCING DEVICE	81
				GOODSENSE PRENATAL VITAMINS	115

granisetron hcl.....	26	HEALTHWISE INSULIN		HUMIRA PEN-PS/UV	
GRASTEK.....	3	SYRINGE/U-100/0.3ML/31G X		STARTER.....	4
griseofulvin microsize.....	27	5/16".....	97	HUMULIN R U-500	
griseofulvin ultramicrosize... ..	27	HEALTHWISE INSULIN		(CONCENTRATED).....	24
guanfacine hcl.....	31	SYRINGE/U-100/0.5ML/30G X		HUMULIN R U-500	
guanfacine hcl (adhd).....	2	5/16".....	97	KWIKPEN.....	24
GUANIDINE HCL.....	33	HEALTHWISE INSULIN		HY-VEE LANCETS.....	81
GVOKE PFS.....	23	SYRINGE/U-100/0.5ML/31G X		HY-VEE THIN LANCETS... ..	81
GYNAZOLE-1.....	130	5/16".....	97	HYCAMTIN.....	40
GYNE-LOTRIMIN.....	130	HEALTHWISE INSULIN		hydralazine hcl.....	32
H-E-B INCONTROL		SYRINGE/U-100/1ML/30G X		HYDREA.....	39
ADVANCEDLANCING		5/16".....	97	hydrochlorothiazide.....	65
DEVICE.....	81	HEALTHWISE INSULIN		hydrocodone bitartrate.....	6
H-E-B INCONTROL LANCETS		SYRINGE/U-100/1ML/31G X		HYDROCODONE BITARTRATE	
MICRO THIN 33G.....	81	5/16".....	97	ER.....	6
H-E-B INCONTROL LANCETS		HEALTHY ACCENTS		hydrocodone polistirex-	
SUPER THIN 30G.....	81	AUTOLET IMPRESSION		chlorpheniramine polistirex..	55
H-E-B INCONTROL LANCETS		LANCING DEVICE.....	81	hydrocodone-acetaminophen..	8
ULTRA THIN 28G.....	81	HEALTHY ACCENTS UNILET		hydrocodone-ibuprofen.....	8
HAEGARDA.....	71	LANCETS SUPER THIN		hydrocortisone.....	54
HAEMOLANCE.....	81	30G.....	81	hydrocortisone (intrarectal)..	10
HAEMOLANCE LOW FLOW		HECTOROL.....	67	hydrocortisone (rectal).....	10
LANCETS.....	81	HEMANGEOL.....	48	hydrocortisone (topical).....	61
HAEMOLANCE PLUS.....	81	heparin sod (porcine) in		hydrocortisone acetate	
HAEMOLANCE PLUS HIGH		d5w.....	16	(rectal).....	10
FLOW.....	81	heparin sodium (porcine)..	16	hydrocortisone butyrate.....	62
HAEMOLANCE PLUS LOW		HEPARIN SODIUM/NACL		hydrocortisone valerate.....	62
FLOW.....	81	0.45%.....	16	hydrocortisone w/acetic	
HAEMOLANCE PLUS MAX		HEPLISAV-B.....	130	acid.....	120
FLOW.....	81	HEPSERA.....	47	hydromorphone hcl.....	6
HAEMOLANCE PLUS		HERCEPTIN.....	36	HYDROMORPHONE	
PEDIATRIC FLOW.....	81	HETLIOZ.....	74	HYDROCHLORIDE.....	6
HALAVEN.....	40	HIBERIX.....	128	hydroxychloroquine sulfate..	33
halcinonide.....	61	HIPREX.....	11	hydroxyurea.....	39
HALCION.....	73	HIZENTRA.....	121	hydroxyzine hcl.....	12
HALDOL.....	42	HM PRENATAL.....	115	hydroxyzine pamoate.....	12
HALDOL DECANOATE 100.....	42	HM ULTICARE INSULIN		HYPERSAL.....	55
HALDOL DECANOATE 50.....	42	SYRINGE/1ML/30G X 1/2".....	97	HYPERSAL.....	55
halobetasol propionate.....	61	HM ULTICARE INSULIN		HYQVIA.....	121
HALOG.....	61	SYRINGE/U-100/0.3ML/31G X		HYZAAR.....	31,32
haloperidol.....	42	5/16".....	97	ibandronate sodium.....	65
haloperidol decanoate.....	42	HORIZANT.....	123	IBRANCE.....	38
haloperidol lactate.....	42	HUMATIN.....	3	ibuprofen.....	4
HARVONI.....	47	HUMATROPE.....	66	icatibant acetate.....	71
HAVRIX.....	130	HUMATROPE COMBO		ICLUSIG.....	38
HEALTH CARE LANCING		PACK.....	66	icosapent ethyl.....	29
DEVICE.....	81	HUMIRA.....	4	IDAMYCIN PFS.....	37
HEALTHWISE INSULIN		HUMIRA PEDIATRIC CROHNS		idarubicin hcl.....	37
SYRINGE/U-100/0.3ML/30G X		DISEASE STARTER PACK.....	3	IFEX.....	34
5/16".....	97	HUMIRA PEN.....	3	ifosfamide.....	34
		HUMIRA PEN-CD/UC/HS			
		STARTER.....	3,4		
		HUMIRA PEN-PEDIATRIC UC			
		STARTER PACK.....	4		

ILARIS	4	INSULIN SYRINGE/1ML/30G X 5/16"	98	INSULIN SYRINGES/1ML/30GX1/2"	98
ILEVRO	119	INSULIN SYRINGE/NEEDLE 0.3ML/30G X 5/16"	98	INSULIN SYRINGES/1ML/31GX5/16"	98
imatinib mesylate	38	INSULIN SYRINGE/NEEDLE 0.3ML/31G X 5/16"	98	INTELENCE	45
IMBRUVICA	38	INSULIN SYRINGE/NEEDLE 0.5ML/29G X 1/2"	98	INTRAROSA	130
imipenem-cilastatin	10	INSULIN SYRINGE/NEEDLE 0.5ML/30G X 5/16"	98	INTRON A	39
imipramine hcl	22	INSULIN SYRINGE/NEEDLE 0.5ML/31G X 5/16"	98	INTUNIV	2
imipramine pamoate	22	INSULIN SYRINGE/NEEDLE 1ML/29G X 1/2"	98	INVANZ	10
imiquimod	63	INSULIN SYRINGE/NEEDLE 1ML/30G X 5/16"	98	INVEGA	42
IMITREX	111	INSULIN SYRINGE/NEEDLE 1ML/31G X 5/16"	98	INVIRASE	45
IMITREX STATDOSE REFILL	111	INSULIN SYRINGE/U- 100/0.3ML/29G X 1/2"	98	IONOSOL-MB/DEXTROSE 5%	112
IMITREX STATDOSE SYSTEM	111	INSULIN SYRINGE/U- 100/0.5ML/29G X 1/2"	98	IOPIDINE	118
IMODIUM A-D	25	INSULIN SYRINGE/U- 100/1ML/29G X 1/2"	98	IPOL INACTIVATED IPV	130
IMPAVIDO	10	INSULIN SYRINGE/U- 100/1ML/30G X 5/16"	98	ipratropium bromide	13
IMURAN	114	INSULIN SYRINGE/U- 100/1ML/31G X 5/16"	98	ipratropium bromide (nasal)	116
IN TOUCH LANCING DEVICE	81	INSULIN SYRINGES/0.5ML/27GX1/2"	98	ipratropium-albuterol	15
IN TOUCH STERILE LANCETS30G	81	INSULIN SYRINGES/0.5ML/28GX1/2"	98	irbesartan	30
INCRELEX	66	INSULIN SYRINGES/0.5ML/29GX1/2"	98	irbesartan-hydrochlorothiazide	32
INCRUSE ELLIPTA	13	INSULIN SYRINGES/0.5ML/30GX5/16"	98	irinotecan hcl	40
indapamide	65	INSULIN SYRINGES/0.5ML/31GX 5/16"	98	irrigation solutions, physiological	114
INDERAL LA	48	INSULIN SYRINGES/0.5ML/31GX5/16"	98	ISENTRESS	45
indomethacin	4,5	INSULIN SYRINGES/1ML/27GX1/2"	98	ISENTRESS HD	45
INFANRIX	125	INSULIN SYRINGES/1ML/27GX1/2"	98	ISOLYTE-P/DEXTROSE 5%	112
INFLECTRA	70	INSULIN SYRINGES/1ML/28GX1/2"	98	ISOLYTE-S	112
INLYTA	35	INSULIN SYRINGES/1ML/28GX1/2"	98	isoniazid	34
INREBIC	38	INSULIN SYRINGES/1ML/29GX1/2"	98	ISOPTO CARPINE	118
INSPIRA	32	INSULIN SYRINGES/1ML/29GX1/2"	98	ISORDIL TITRADOSE	12
INSULIN SYRINGE/0.3ML/29G X 1"	97	INSULIN SYRINGES/1ML/29GX1/2"	98	isosorbide dinitrate	12
INSULIN SYRINGE/0.3ML/29G X 1/2"	97	INSULIN SYRINGES/1ML/29GX1/2"	98	isosorbide mononitrate	12
INSULIN SYRINGE/0.3ML/30G X 5/16"	97	INSULIN SYRINGES/1ML/29GX1/2"	98	isotretinoin	56
INSULIN SYRINGE/0.3ML/31G X 5/16"	97	INSULIN SYRINGES/1ML/29GX1/2"	98	isradipine	49
INSULIN SYRINGE/0.5ML/27G X 1/2"	97	INSULIN SYRINGES/1ML/29GX1/2"	98	ISTODAX (OVERFILL)	38
INSULIN SYRINGE/0.5ML/28G X 1/2"	97	INSULIN SYRINGES/1ML/29GX1/2"	98	itraconazole	27
INSULIN SYRINGE/0.5ML/30G X 1/2"	98	INSULIN SYRINGES/1ML/29GX1/2"	98	ivermectin	10
INSULIN SYRINGE/0.5ML/30G X 5/16"	98	INSULIN SYRINGES/1ML/29GX1/2"	98	IVERMECTIN	63
INSULIN SYRINGE/0.5ML/31G X 5/16"	98	INSULIN SYRINGES/1ML/29GX1/2"	98	ivermectin (pediculicide)	63
INSULIN SYRINGE/1ML/28G X 1/2"	98	INSULIN SYRINGES/1ML/29GX1/2"	98	IXEMPRA KIT	40
INSULIN SYRINGE/1ML/29G X 1/2"	98	INSULIN SYRINGES/1ML/29GX1/2"	98	JADENU	25
		INSULIN SYRINGES/1ML/29GX1/2"	98	JADENU SPRINKLE	25
		INSULIN SYRINGES/1ML/29GX1/2"	98	JAKAFI	38
		INSULIN SYRINGES/1ML/29GX1/2"	98	JANUMET	23
		INSULIN SYRINGES/1ML/29GX1/2"	98	JANUMET XR	23
		INSULIN SYRINGES/1ML/29GX1/2"	98	JANUVIA	24
		INSULIN SYRINGES/1ML/29GX1/2"	98	JARDIANCE	25

JEVTANA.....	40	KINNEY LANCETS.....	81	KROGER INSULIN	
JUBLIA.....	57	KINNEY THIN LANCETS..	81	SYRINGE/0.5ML/31G X	
JULUCA.....	45	KINRAY INSULIN SYRINGE		5/16".....	99
JYNARQUE.....	68	PREFERRED		KROGER INSULIN	
K-TAB.....	113	PLUS/0.3ML/31G X 5/16" .	99	SYRINGE/1ML/29G X 1/2" .	99
K-Y ME & YOU EXTRA		KINRAY INSULIN SYRINGE		KROGER INSULIN	
LUBRICATED.....	75	PREFERRED		SYRINGE/1ML/30G X 5/16" .	99
K-Y ME & YOU INTENSE...	75	PLUS/0.5ML/31G X 5/16" .	99	KROGER INSULIN	
KADIAN.....	6	KINRAY INSULIN SYRINGE		SYRINGE/1ML/31G X 5/16" .	99
KALETRA.....	45	PREFERRED PLUS/1ML/31G		KROGER LANCETS.....	82
KALYDECO.....	124	X 5/16".....	99	KROGER LANCETS 21G...	82
KAMELEON LUBRICATED .	75	KINRAY INSULIN		KROGER LANCETS MICRO	
KAPVAY.....	2	SYRINGE/0.5ML/29G X		THIN33G.....	82
KCL 0.3%/D5W/NACL		1/2".....	99	KROGER LANCETS SUPER	
0.9%.....	112	KINRIX.....	125	THIN.....	82
KEFLEX.....	51	KISQALI.....	38	KROGER LANCETS THIN..	82
KENALOG-40.....	54	KISQALI FEMARA 200		KROGER LANCETS THIN	
KEPIVANCE.....	40	DOSE.....	37	26G.....	82
KEPPRA.....	17	KISQALI FEMARA 400		KROGER LANCETS	
KEPPRA XR.....	17	DOSE.....	37	ULTRATHIN30G.....	82
KERYDIN.....	57	KISQALI FEMARA 600		KROGER LANCING	
ketoconazole.....	27	DOSE.....	37	DEVICE.....	82
ketoconazole (topical).....	57	KITABIS PAK.....	3	KRYSTEXXA.....	71
KETONE.....	64	KLARITY-A.....	118	KUVAN.....	67
KETONE TEST STRIPS.....	64	KLARON.....	56	KYLEENA.....	53
ketoprofen.....	5	KLONOPIN.....	17	KYPROLIS.....	38
ketorolac tromethamine.....	5	KLOXXADO.....	25	labetalol hcl.....	48
ketorolac tromethamine		KMART VALU PLUS INSULIN		LAC-HYDRIN.....	62
(ophth).....	119	SYRINGE/1ML/29G.....	99	LAC-HYDRIN TWELVE.....	62
KETOSTIX.....	64	KMART VALU PLUS INSULIN		LACRISERT.....	117
ketotifen fumarate (ophth)..	119	SYRINGE/1ML/30G.....	99	lactated ringer's.....	112
KEVEYIS.....	64	KOSELUGO.....	38	lactated ringer's (irrigation).	114
KIMONO COLORS.....	75	KP PRENATAL		lactic acid (ammonium	
KIMONO LUBRICATED.....	75	MULTIVITAMINS.....	115	lactate).....	62
KIMONO MICRO THIN PLUS		KRINTAFEL.....	33	lactulose.....	74
SPERMICIDE LUBRICATED	75	KROGER AUTOLET LANCING		lactulose (encephalopathy)..	70
KIMONO PLUS SPERMICIDE		DEVICE.....	81	LAMICTAL.....	17,18
LUBRICATED.....	76	KROGER HEALTHPRO TWIST		LAMICTAL CHEWABLE	
KIMONO PLUS		LANCETS/26G.....	81	DISPERSIBLE.....	17
SPERMICIDE/LUBRICATED		KROGER INSULIN		LAMICTAL ODT.....	17
.....	76	SYRINGE/0.3ML/29G X		lamivudine.....	45
KIMONO PS LUBRICATED.	76	1/2".....	99	lamivudine (hbv).....	47
KIMONO PS PLUS		KROGER INSULIN		lamivudine-zidovudine.....	45
SPERMICIDE/LUBRICATED		SYRINGE/0.3ML/31G X		lamotrigine.....	18
.....	76	5/16".....	99	LANCET DEVICE	
KIMONO SENSATION		KROGER INSULIN		ADJUSTABLE.....	82
LUBRICATED.....	76	SYRINGE/0.5ML/29G X		LANCET DEVICE WITH	
KIMONO SENSATION PLUS		1/2".....	99	EJECTOR.....	82
SPERMICIDE LUBRICATED	76	KROGER INSULIN		LANCETS.....	82
KIMONO SPECIAL.....	76	SYRINGE/0.5ML/30G X		LANCETS 26G TWIST TOP.	82
		5/16".....	99	LANCETS 30G.....	82
				LANCETS 30G TWIST TOP.	82

LANCETS 30G/TWIST TOP	82	LEADER INSULIN		levonorgestrel-ethinyl estradiol	
LANCETS 31G TWIST TOP	82	SYRINGE/1ML/28G X 1/2"	99	(91-day)	52
LANCETS 33G EXTRA		LEADER INSULIN		levonorgestrel-ethinyl estradiol	
FINE	82	SYRINGE/1ML/29G X 1/2"	99	(continuous)	52
LANCETS MICRO THIN		LEADER INSULIN		levorphanol tartrate	6
33G	82	SYRINGE/1ML/30G X		levothyroxine sodium	125
LANCETS SAFETY SEAL		5/16"	99	LEXAPRO	21
21G	82	LEADER INSULIN		LEXIVA	45
LANCETS SAFETY SEAL		SYRINGE/1ML/31G X		LIALDA	70
26G	82	5/16"	99	LIBERTY MEDICAL LANCETS	
LANCETS SAFETY SEAL		LEDIPASVIR/SOFOSBUVIR		30G	82
28G	82		47	LIBERTY MINI LANCING	
LANCETS SAFETY SEAL		leflunomide	5	DEVICE	82
30G	82	LENVIMA 10 MG DAILY		LIBRAX	126
LANCETS SUPER THIN		DOSE	35	lidocaine	63
28G	82	LENVIMA 12MG DAILY		lidocaine hcl	63
LANCETS THIN	82	DOSE	35	lidocaine hcl (local anesth.)	74
LANCETS TWIST TOP	82	LENVIMA 14 MG DAILY		lidocaine hcl (mouth-throat)	114
LANCETS ULTRA THIN	82	DOSE	35	lidocaine-prilocaine	63
LANCETS ULTRA THIN		LENVIMA 18 MG DAILY		LIDODERM	63
30G	82	DOSE	35	LIFESCAN UNISTIK 2 DEEP	
LANCETSBULLSEYE		LENVIMA 20 MG DAILY		PENETRATION	82
SAFETY	82	DOSE	35	LIFESCAN UNISTIK II	
LANCING DEVICE	82	LENVIMA 24 MG DAILY		LANCETS	82
LANCING DEVICE		DOSE	35	LILETTA	53
ADJUSTABLE	82	LENVIMA 4 MG DAILY		LINCOCIN	11
LANOXIN	49,50	DOSE	35	lincomycin hcl	11
lansoprazole	126	LENVIMA 8 MG DAILY		lindane	63
lanthanum carbonate	70	DOSE	35	linezolid	11
LANZO	82	LETAIRIS	50	LINZESS	70
lapatinib ditosylate	38	letrozole	36	liothyronine sodium	125
LASIX	65	leucovorin calcium	40	LIPITOR	29
LASTACAFT	120	LEUKERAN	34	lisinopril	30
latanoprost	120	LEUKINE	72	lisinopril &	
LATUDA	42	leuprolide acetate	36	hydrochlorothiazide	32
LEADER ADVANCED LANCING		levalbuterol hcl	15	LITE TOUCH LANCETS	82
DEVICE	82	levalbuterol tartrate	15	LITE TOUCH LANCING	
LEADER INSULIN		LEVAQUIN	69	PEN	82
SYRINGE/0.3ML/29G X 1/2"	99	LEVEMIR	24	LITETOUCH INSULIN	
LEADER INSULIN		LEVEMIR FLEXTOUCH	24	SYRINGE/0.3ML/29G X 1/2"	99
SYRINGE/0.3ML/30G X		levetiracetam	18	LITETOUCH INSULIN	
5/16"	99	levobunolol hcl	117	SYRINGE/0.3ML/30G X	
LEADER INSULIN		levocetirizine		5/16"	99
SYRINGE/0.3ML/31G X		dihydrochloride	28	LITETOUCH INSULIN	
5/16"	99	levofloxacin	69	SYRINGE/0.3ML/31G X	
LEADER INSULIN		levofloxacin (ophth)	118	5/16"	99
SYRINGE/0.5ML/28G X 1/2"	99	levofloxacin in d5w	69	LITETOUCH INSULIN	
LEADER INSULIN		levonorgestrel & eth		SYRINGE/0.5ML/30G X	
SYRINGE/0.5ML/29G X 1/2"	99	estradiol	52	5/16"	99
LEADER INSULIN		levonorgestrel (emergency		LITETOUCH INSULIN	
SYRINGE/0.5ML/30G X		oc)	53	SYRINGE/0.5ML/31G X	
5/16"	99	levonorgestrel-eth estradiol		5/16"	99
LEADER INSULIN		(triphasic)	52	LITETOUCH INSULIN	
SYRINGE/0.5ML/31G X				SYRINGE/0.5ML/31G X	
5/16"	99			5/16"	99

LITETOUCH INSULIN SYRINGE/1ML/30G X 5/16"	100	LONGS LANCETS ULTRA THIN	82	LUPRON DEPOT-PED (3-MONTH)	67
LITETOUCH INSULIN SYRINGE/U-100/0.3ML/30G X 5/16"	100	loperamide hcl	25	LUXIQ	62
LITETOUCH INSULIN SYRINGE/U-100/0.3ML/31G X 5/16"	100	LOPID	29	LUZU	57
LITETOUCH INSULIN SYRINGE/U-100/0.5ML/28G X 1/2"	100	lopinavir-ritonavir	45	LYNPARZA	38
LITETOUCH INSULIN SYRINGE/U-100/0.5ML/29G X 1/2"	100	LOPRESSOR	48	LYRICA	18
LITETOUCH INSULIN SYRINGE/U-100/0.5ML/30G X 5/16"	100	LOPRESSOR HCT	32	LYRICA CR	123
LITETOUCH INSULIN SYRINGE/U-100/1ML/28G X 1/2"	100	LOPROX	57	LYSODREN	37
LITETOUCH INSULIN SYRINGE/U-100/1ML/29G X 1/2"	100	LOPROX SHAMPOO	57	LYSTEDA	73
LITETOUCH INSULIN SYRINGE/U-100/1ML/30G X 5/16"	100	loratadine	28	M-M-R II	130
LITETOUCH INSULIN SYRINGE/U-100/1ML/31G X 5/16"	100	loratadine & pseudoephedrine	55	M-NATAL PLUS	115
LITETOUCH LANCETS MICRO THIN 33G	82	lorazepam	13	MACROBID	11
LITHIUM	42	LORBRENA	38	MACRODANTIN	12
lithium carbonate	41	LORTAB	8	mafenide acetate	60
LITHOBID	42	losartan potassium	31	MAGELLAN INSULIN SAFETY SYRINGE/U-100/0.3ML/29G X 1/2"	100
LIVALO	29	losartan potassium & hydrochlorothiazide	32	MAGELLAN INSULIN SAFETY SYRINGE/U-100/0.3ML/30G X 5/16"	100
LIVE BETTER ADVANCED LANCING DEVICE	82	LOSEASONIQUE	52	MAGELLAN INSULIN SAFETY SYRINGE/U-100/0.5ML/29G X 1/2"	100
LIVE BETTER LANCET SUPERTHIN 30G	82	LOTEMAX	119	MAGELLAN INSULIN SAFETY SYRINGE/U-100/0.5ML/30G X 5/16"	100
LIVE BETTER LANCET ULTRATHIN 28G	82	LOTENSIN	30	MAGELLAN INSULIN SAFETY SYRINGE/U-100/1ML/29G X 1/2"	100
LO LOESTRIN FE	52	LOTENSIN HCT	32	MAGELLAN INSULIN SAFETY SYRINGE/U-100/1ML/30G X 5/16"	100
LOCOID	62	loteprednol etabonate	119	magnesium sulfate	113
LODINE	5	LOTREL	32	MALARONE	33
LODOSYN	40	LOTRIMIN AF	57	malathion	63
LOMOTIL	25	LOTRIMIN AF JOCK ITCH	57	maprotiline hcl	20
LONGS INSULIN SYRINGE/0.5ML/31G X 5/16"	100	LOTRIMIN ULTRA	57	MARINOL	26
LONGS LANCETS STANDARD	82	LOTRISONE	57	MARPLAN	20
LONGS LANCETS THIN	82	LOTRONEX	70	MATULANE	39
		lovastatin	29,30	MAVENCLAD	123
		LOVAZA	29	MAVYRET	47
		LOVENOX	16	MAXALT	111
		loxapine succinate	43	MAXALT-MLT	111
		lubiprostone	69	MAXI-COMFORT INSULIN SYRINGE/U-100/0.5ML/28GX1/2"	100
		LUCEMYRA	122	MAXI-COMFORT INSULIN SYRINGE/U-100/1ML/28GX1/2"	100
		luliconazole	57	MAXICOMFORT INSULIN SYRINGES 27G X 1/2"	100
		LUMIGAN	120	MAXIDEX	119
		LUMIZYME	67		
		LUNESTA	73		
		LUPANETA PACK	67		
		LUPRON DEPOT (1-MONTH)	36		
		LUPRON DEPOT (3-MONTH)	36		
		LUPRON DEPOT (4-MONTH)	36		
		LUPRON DEPOT (6-MONTH)	36		
		LUPRON DEPOT-PED (1-MONTH)	67		

MAXIPIME.....	51	MEDROL DOSEPAK.....	54	methamphetamine hcl.....	1
MAXITROL.....	119	medroxyprogesterone		methazolamide.....	64
MAXX LUBRICATED.....	76	acetate.....	122	methenamine hippurate.....	12
MAXX PLUS SPERMICIDE		medroxyprogesterone acetate		methimazole.....	125
LUBRICATED.....	76	(contraceptive).....	53	METHITEST.....	9
MAXZIDE.....	64	mefenamic acid.....	5	methocarbamol.....	116
MAXZIDE-25.....	65	mefloquine hcl.....	33	METHOTREXATE.....	4
MAYZENT.....	123	MEGACE ES.....	122	methotrexate sodium.....	35
meclizine hcl.....	26	megestrol acetate.....	37	methoxsalen rapid.....	59
meclofenamate sodium.....	5	megestrol acetate		methscopolamine bromide.....	126
MEDIC INSULIN		(appetite).....	122	METHYLIN.....	2
SYRINGE/0.3ML/30G X		MEIJER COLOR LANCETS		methylphenidate hcl.....	2
5/16".....	100	UNIVERSAL 33G.....	83	methylprednisolone.....	54
MEDIC INSULIN		MEIJER LANCETS.....	83	methylprednisolone acetate.....	54
SYRINGE/0.5ML/30G X		MEIJER LANCETS THIN.....	83	methylprednisolone sod	
5/16".....	100	MEIJER LANCETS		succ.....	54
MEDICHOICE PRE-SET		UNIVERSAL21G.....	83	metoclopramide hcl.....	69
SAFETY LANCET DUAL		MEIJER LANCETS		metolazone.....	65
USE.....	83	UNIVERSAL30G.....	83	metoprolol &	
MEDICHOICE PRE-SET		MEIJER LANCETS		hydrochlorothiazide.....	32
SAFETY LANCET LOW		UNIVERSAL33G.....	83	metoprolol succinate.....	48
FLOW.....	83	MEIJER SUPER THIN		metoprolol tartrate.....	48
MEDICHOICE PRE-SET		LANCETS.....	83	METROCREAM.....	63
SAFETY LANCET MEDIUM		MEKINIST.....	38	METROGEL.....	63
FLOW.....	83	MEKTOVI.....	38	METROLOTION.....	63
MEDICHOICE PRE-SET		meloxicam.....	5	metronidazole.....	10
SAFETY LANCET MODERATE		melphalan.....	34	metronidazole (topical).....	63
FLOW.....	83	melphalan hcl.....	34	metronidazole vaginal.....	130
MEDICHOICE SAFETY		memantine hcl.....	122	mexiletine hcl.....	13
LANCETEXTRA.....	83	MENEST.....	68	MICAFUNGIN.....	27
MEDICHOICE SAFETY		MENOSTAR.....	68	micafungin sodium.....	27
LANCETNORMAL.....	83	MENQUADFI.....	128	MICARDIS.....	31
MEDISENSE THIN		MENVEO.....	128	MICARDIS HCT.....	32
LANCETS.....	83	mepidine hcl.....	6	miconazole nitrate vaginal.....	130
MEDLANCE PLUS EXTRA		meprobamate.....	12	MICROLET LANCETS.....	83
LANCETS 21G.....	83	MEPRON.....	10	MICROLET NEXT.....	83
MEDLANCE PLUS		mercaptopurine.....	35	midodrine hcl.....	131
LANCETS.....	83	meropenem.....	10	miglitol.....	23
MEDLANCE PLUS LANCETS		MERREM.....	11	miglustat.....	72
LITE 25G.....	83	mesalamine.....	70	MIGRANAL.....	111
MEDLANCE PLUS LITE		MESTINON.....	33	MILLIPRED.....	54
LANCETS 25G.....	83	MESTINON TIMESPAN.....	33	MILLIPRED DP.....	54
MEDLANCE PLUS SPECIAL		metaxalone.....	116	MINASTRIN 24 FE.....	52
LANCETS 0.8MM.....	83	metformin hcl.....	23	MINI LANCING DEVICE.....	83
MEDLANCE PLUS SUPERLITE		methadone hcl.....	6	MINIPRESS.....	31
30G.....	83	METHADONE HCL.....	6	MINIVELLE.....	69
MEDLANCE PLUS SUPERLITE		methadone hcl.....	6,7	MINOCIN.....	125
30G/COMFORT MAX.....	83	METHADOSE.....	7		
MEDLANCE PLUS UNIVERSAL		METHADOSE SUGAR-			
LANCETS 21G.....	83	FREE.....	7		
MEDLANCE PLUS/LITE					
25G.....	83				
MEDLANCE/EXTRA.....	83				
MEDLANCE/LITE.....	83				
MEDLANCE/UNIVERSAL.....	83				
MEDROL.....	54				

minocycline hcl.....	125	MONOJECT INSULIN	MONOJECT ULTRA COMFORT
minoxidil.....	33	SYRINGE/SAFETY/PERM	INSULIN SYRINGE/0.5ML/31G X
MIRAPEX.....	41	NEEDLE/0.3ML/29GX1/2"	5/16".....
MIRCERA.....	72	102
MIRCETTE.....	52	MONOJECT INSULIN	MONOJECT ULTRA COMFORT
MIRENA.....	53	SYRINGE/SAFETY/PERM	INSULIN SYRINGE/1ML/28G X
mirtazapine.....	20	NEEDLE/0.5ML/29G X	1/2".....
MIRVASO.....	63	1/2".....	102
misoprostol.....	127	MONOJECT INSULIN	MONOJECT ULTRA COMFORT
mitomycin.....	37	SYRINGE/SAFETY/PERM	INSULIN SYRINGE/1ML/29G X
mitoxantrone hcl.....	37	NEEDLE/1ML/29G X 1/2"	1/2".....
MM INSULIN SYRINGE/U-		101	102
100/0.3ML/30G X 5/16"	100	MONOJECT INSULIN	MONOLET LANCETS.....
MM INSULIN SYRINGE/U-		SYRINGE/SAFETY/PERM	83
100/0.3ML/31G X 5/16"	100	NEEDLE/0.5ML/29G X	MONOLET OPD LANCETS.....
MM INSULIN SYRINGE/U-		1/2".....	83
100/1/2ML/30G X 5/16"	100	MONOJECT INSULIN	MONOLETTOR SAFETY
MM INSULIN SYRINGE/U-		SYRINGE/SOFTPACK/1ML/27	LANCETS.....
100/1/2ML/31G X 5/16"	101	G X 1/2".....	83
MM INSULIN SYRINGE/U-		101	montelukast sodium.....
100/1ML/30G X 5/16"	101	MONOJECT INSULIN	13,14
MM INSULIN SYRINGE/U-		SYRINGE/SOFTPACK/U-	MONUROL.....
100/1ML/31G X 5/16"	101	100/0.5ML/28G X 1/2"	12
MM LANCING DEVICE.....	83	MONOJECT INSULIN	MORPHABOND ER.....
MM TWIST LANCETS.....	83	SYRINGE/U-100/0.3ML/30G X	7
MOBIC.....	5	5/16".....	morphine sulfate.....
modafinil.....	2,3	101	7
moexipril hcl.....	30	MONOJECT INSULIN	MOTOFEN.....
mometasone furoate.....	62	SYRINGE/U-100/0.5ML/30G X	25
mometasone furoate		5/16".....	MOVIPREP.....
(nasal).....	117	101	74
MONISTAT SOOTHING CARE		MONOJECT INSULIN	moxifloxacin hcl.....
ITCH RELIEF.....	62	SYRINGE/U-100/1ML/28G X	69
MONOJECT INSULIN		1/2".....	moxifloxacin hcl (ophth).....
SYRINGE/1ML.....	101	101	118
MONOJECT INSULIN		MONOJECT INSULIN	moxifloxacin hcl in sodium
SYRINGE/1ML/31G X		SYRINGE/U-100/1ML/30G X	chloride.....
5/16".....	101	5/16".....	69
MONOJECT INSULIN		101	MOZOBIL.....
SYRINGE/DETACH		MONOJECT INSULIN	73
NEEDLE/1ML/25G X 5/8"	101	SYRINGE/U-100/1ML/30G X	MPD SAFETY LANCET
MONOJECT INSULIN		5/16".....	21G/1.8MM.....
SYRINGE/DETACH		101	83
NEEDLE/1ML/27G X 1/2"	101	MONOJECT ULTRA	MPD SAFETY LANCET
MONOJECT INSULIN		COMFORT INSULIN	28G/1.8MM.....
SYRINGE/PERM		SYRINGE/0.3ML/29G X	83
NEEDLE/1ML/28G X 1/2"	101	1/2".....	MPD SAFETY LANCET
MONOJECT INSULIN		101	30G/1.8MM.....
SYRINGE/PERM NEEDLE/U-		MONOJECT ULTRA	83
100/0.5ML/28G X 1/2"	101	COMFORT INSULIN	MPD SAFETY LANCETS
MONOJECT INSULIN		SYRINGE/0.3ML/31G X	23G/1.8MM.....
SYRINGE/SAFETY/PERM		5/16".....	83
NEEDLE/0.3ML/29G X 1/2"	101	101	MS CONTIN.....
		MONOJECT ULTRA	7
		COMFORT INSULIN	MS INSULIN
		SYRINGE/0.3ML/30G X	SYRINGE/0.3ML/31G X
		5/16".....	5/16".....
		101	102
		MONOJECT ULTRA	MS INSULIN
		COMFORT INSULIN	SYRINGE/0.5ML/31G X
		SYRINGE/0.5ML/28G X	5/16".....
		1/2".....	102
		101	MS INSULIN SYRINGE/1ML/31G
		MONOJECT ULTRA	X 5/16".....
		COMFORT INSULIN	102
		SYRINGE/0.5ML/30G X	MULPLETA.....
		5/16".....	72
		101	MULTAQ.....
		MONOJECT ULTRA	13
		COMFORT INSULIN	MULTI PRENATAL.....
		SYRINGE/0.5ML/29G X	115
		1/2".....	MULTI-LANCET DEVICE.....
		101	83
		MONOJECT ULTRA	mupirocin.....
		COMFORT INSULIN	57
		SYRINGE/0.5ML/29G X	MVASI.....
		1/2".....	35
		101	MYALEPT.....
		MONOJECT ULTRA	67
		COMFORT INSULIN	MYAMBUTOL.....
		SYRINGE/0.5ML/30G X	34
		5/16".....	MYCAMINE.....
		101	27
			MYCOBUTIN.....
			34
			mycophenolate mofetil.....
			114

mycophenolate sodium.....	114	neomycin sulfate.....	3	NIPENT.....	39
MYDRIACYL.....	118	neomycin-bacitracin zn- polymyxin.....	118	nisoldipine.....	49
MYFORTIC.....	114	neomycin-polymy- dexameth.....	119	nitazoxanide.....	10
MYGLUCOHEALTH MGH SOFTLANCE LANCETS 30G.....	83	neomycin-polymyxin-hc (ophth).....	119	nitisinone.....	67
MYLERAN.....	35	neomycin-polymyxin-hc (otic).....	120	NITRO-BID.....	12
MYRBETRIQ.....	127	NEONATAL COMPLETE.....	115	NITRO-DUR.....	12
MYSOLINE.....	18	NEONATAL PLUS.....	115	nitrofurantoin.....	12
nabumetone.....	5	NEONATAL VITAMIN.....	115	nitrofurantoin macrocrystal.....	12
nadolol.....	48	NEORAL.....	114	nitrofurantoin monohyd macro.....	12
nafticillin sodium.....	121	NEOSTIGMINE.....		nitroglycerin.....	12
naftifine hcl.....	57	METHYLSULFATE.....	34	NITROGLYCERIN.....	12
NAFTIFINE HYDROCHLORIDE.....	58	NESINA.....	24	nitroglycerin.....	12
NAFTIN.....	58	NEULASTA.....	72	NITROSTAT.....	12
NAGLAZYME.....	67	NEULASTA ONPRO KIT.....	72	NIVA-PLUS.....	115
nalbuphine hcl.....	9	NEUPOGEN.....	72	NIVESTYM.....	72
NALFON.....	5	NEUPRO.....	41	NIX CREME RINSE.....	63
naloxone hcl.....	25	NEURONTIN.....	18	nizatidine.....	126
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		PRIMAXIN IV.....	11	propranolol hcl.....	48
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PROTONIX	127	quetiapine fumarate	43	REALITY INSULIN SYRINGE/U-100/1ML/28G X 1/2"	103
PROTOPIC	63	quinapril hcl	30	REALITY INSULIN SYRINGE/U-100/1ML/29G X 1/2"	103
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PX LANCETS ULTRA THIN 28G	84	RANEXA	12	RELION INSULIN SYRINGE 1ML/31GX15/64"	103
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QC PRENATAL	116	READYLANCE SAFETY LANCETS/23G/1.8MM	85	RELION LANCETS THIN 26G	85
QC UNILET LANCETS 28G/ULTRA THIN	85	READYLANCE SAFETY LANCETS/26G/1.8MM	85	RELION LANCETS ULTRA-THIN30G	85
QC UNILET LANCETS 33G/MICRO THIN	85	READYLANCE SAFETY LANCETS/28G/1.8MM	85	RELION LANCING DEVICE	85
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QUALAQUIN	33				
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RELION ULTRA THIN LANCETS/30G.....	85	RIGHTEST GD500 LANCING DEVICE.....	85	SAFESNAP INSULIN SYRINGE/0.3ML/30G X 5/16".....	103
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REMERON.....	20	ringer's irrigation.....	114	SAFETY INSULIN SYRINGES 0.5ML/30GX5/16".....	103
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REVELA.....	70	RISPERDAL.....	42	SAFETY INSULIN SYRINGES 1ML/30GX1/2".....	103
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REPATHA.....	30	RITALIN.....	3	SAFETY LANCET 28G/PRESSURE ACTIVATED.....	85
REPATHA PUSHTRONEX SYSTEM.....	30	RITALIN LA.....	3	SAFETY LANCETS 21G.....	85
REPATHA SURECLICK.....	30	ritonavir.....	46	SAFETY LANCETS 28G.....	85
REQUIP XL.....	41	RITUXAN.....	36	SAFETY LET LANCETS.....	85
RESCRIPTOR.....	45	rivastigmine tartrate.....	122	SAFYRAL.....	52
RESECTISOL.....	70	rizatriptan benzoate.....	111	SAIZEN.....	66
RESTASIS.....	118	ROBAXIN-750.....	116	SAIZENPREP.....	66
RESTASIS MULTIDOSE.....	118	ROCALTROL.....	67	RECONSTITUTIONKIT.....	66
RESTORIL.....	73	ROMIDEPSIN.....	39	SALAGEN.....	115
RETACRIT.....	73	ropinirole hydrochloride.....	41	salsalate.....	6
RETEVMO.....	38	rosuvastatin calcium.....	30	SAMSCA.....	68
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RETIN-A MICRO.....	56	ROTATEQ.....	130	SANDOSTATIN.....	68
RETIN-A MICRO PUMP.....	56	ROXICODONE.....	7	SANTYL.....	63
RETROVIR.....	45	ROZEREM.....	74	SAPHRIS.....	43
RETROVIR IV INFUSION.....	45	ROZLYTREK.....	39	sapropterin dihydrochloride.....	67
REVATIO.....	50	RUBRACA.....	39	SAVELLA.....	122
REVLIMID.....	113	RUCONEST.....	71	SAVELLA TITRATION PACK.....	122
REXALL LANCETS ULTRA THIN.....	85	rufinamide.....	18	SB INSULIN SYRINGE/U-100/0.5ML/29G X 1/2".....	104
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RIDAURA.....	4	RYTHMOL SR.....	13		
rifabutin.....	34	SABRIL.....	19		
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RIFAMATE.....	34	SAFE-T-LANCE NORMAL FLOW21G.....	85		
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SB INSULIN SYRINGE/U-100/0.5ML/30G X 5/16".....	104	SIMPLE DIAGNOSTICS LANCING DEVICE.....	86	solifenacin succinate.....	127
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SB LANCETS THIN.....	85	SINEMET CR.....	41	SOLU-MEDROL.....	54
SB LANCETS ULTRA THIN.....	86	SINGLE-LET.....	86	SOLUS V2 LANCING DEVICE.....	86
scopolamine.....	26	SINGULAIR.....	14	SOLUS V2 PRESSURE ACTIVATED SAFETY LANCETS 28G.....	86
SEASONIQUE.....	52	sirolimus.....	114	SOLUS V2 TWIST LANCETS 30G.....	86
SECURESAFE SAFETY INSULIN SYRINGES/U-100/0.5ML/29GX1/2".....	104	SIRTURO.....	34	SOMA.....	116
SECURESAFE SAFETY INSULIN SYRINGES/U-100/1ML/29GX1/2".....	104	SIVEXTRO.....	11	SOMATULINE DEPOT.....	68
SEGLUROMET.....	23	SKELAXIN.....	116	SOMAVERT.....	66
SELECT-LITE LANCING DEVICE.....	86	SKLICE.....	64	SORBITOL.....	70
selegiline hcl.....	41	SKYLA.....	53	SORBITOL-MANNITOL.....	71
selenium sulfide.....	60	SKYRIZI.....	59	SORBITOL/MANNITOL IRRIGATION.....	71
SELZENTRY.....	46	SKYRIZI PEN.....	59	SORIATANE.....	59
SENSIPAR.....	67	SLO-NIACIN.....	131	sotalol hcl.....	49
SEREVENT DISKUS.....	15	SLYND.....	53	sotalol hcl (afib/afI).....	48
SEROQUEL.....	43	SM MICRO THIN LANCETS 33G.....	86	SOVALDI.....	47
SEROQUEL XR.....	43	SM PRENATAL VITAMINS.....	116	spinosad.....	64
SEROSTIM.....	66	SM TRUEDRAW LANCING DEVICE.....	86	SPIRIVA HANDIHALER.....	13
sertraline hcl.....	21	SMART DIABETES VANTAGE LANCING DEVICE.....	86	SPIRIVA RESPIMAT.....	13
sevelamer carbonate.....	70	SMART SENSE COLOR LANCETS UNIVERSAL 33G.....	86	spironolactone.....	65
SHINGRIX.....	130	SMART SENSE STANDARD LANCETS UNIVERSAL 21G.....	86	spironolactone & hydrochlorothiazide.....	65
SHOPKO AUTOLET LANCING DEVICE.....	86	SMART SENSE SUPER THIN LANCETS UNIVERSAL 30G.....	86	SPORANOX.....	27
SHOPKO ON-THE-GO COMFORTLANCETS 30G.....	86	SMART SENSE THIN LANCETSUNIVERSAL 26G.....	86	SPORANOX PULSEPAK.....	27
SHOPKO UNILET LANCETS SUPER THIN 30G.....	86	SMARTEST LANCETS 28G.....	86	SPRAVATO 56MG DOSE.....	20
SHOPKO UNILET LANCETS ULTRA THIN 28G.....	86	SODIUM ACETATE.....	112	SPRAVATO 84MG DOSE.....	20
SHUR-SEAL.....	130	sodium acetate.....	112	SPRYCEL.....	39
SIDE BUTTON SAFETY LANCET21G.....	86	sodium chloride.....	113	STALEVO 100.....	41
SIGNIFOR.....	68	sodium chloride (gu irrigant).....	70	STALEVO 125.....	41
sildenafil citrate.....	50	sodium chloride (inhalant).....	55	STALEVO 150.....	41
sildenafil citrate (pulmonary hypertension).....	50	sodium citrate & citric acid.....	70	STALEVO 200.....	41
SILENOR.....	73	sodium fluoride.....	113	STALEVO 50.....	41
silodosin.....	71	sodium phenylbutyrate.....	67	STALEVO 75.....	41
SILVADENE.....	60	sodium polystyrene sulfonate.....	114	stannous fluoride.....	115
silver sulfadiazine.....	60	SOFOSBUVIR/VELPATASVIR.....	47	STARLIX.....	24
SIMBRINZA.....	118			stavudine.....	46
				STAVUDINE.....	46
				STEGLATRO.....	25
				STELARA.....	59,70
				STENDRA.....	50
				STERILANCE TL.....	86

STIMATE.....	68	SURE COMFORT INSULIN		SURE-JECT INSULIN	
STIVARGA.....	39	SYRINGE/U-100/0.3ML/31G X		SYRINGE/U-100/0.5ML/29G X	
STRATTERA.....	2	5/16".....	104	1/2".....	105
streptomycin sulfate.....	3	SURE COMFORT INSULIN		SURE-JECT INSULIN	
STRIBILD.....	46	SYRINGE/U-100/0.5ML/28G X		SYRINGE/U-100/0.5ML/30G X	
STRIVERDI RESPIMAT.....	15	1/2".....	104	5/16".....	105
STROMEKTOL.....	10	SURE COMFORT INSULIN		SURE-JECT INSULIN	
SUBLOCADE.....	9	SYRINGE/U-100/0.5ML/29G X		SYRINGE/U-100/0.5ML/31G X	
SUBOXONE.....	9	1/2".....	104	5/16".....	105
SUBSYS.....	7	SURE COMFORT INSULIN		SURE-JECT INSULIN	
SUCRAID.....	64	SYRINGE/U-100/0.5ML/30G X		SYRINGE/U-100/1ML/28G X	
sucralfate.....	126	1/2".....	104	1/2".....	105
SULAR.....	49	SURE COMFORT INSULIN		SURE-JECT INSULIN	
sulconazole nitrate.....	58	SYRINGE/U-100/0.5ML/31G X		SYRINGE/U-100/1ML/29G X	
sulfacetamide sodium (acne)56		5/16".....	104	1/2".....	105
sulfacetamide sodium		SURE COMFORT INSULIN		SURE-JECT INSULIN	
(ophth).....	118	SYRINGE/U-100/1ML/28G X		SYRINGE/U-100/1ML/31G X	
sulfacetamide sodium w/		1/2".....	104	5/16".....	105
sulfur.....	56	SURE COMFORT INSULIN		SURE-LANCE FLAT	
sulfacetamide sodium-sulfur in		SYRINGE/U-100/1ML/29G X		LANCETS.....	86
urea vehicle.....	56	1/2".....	104	SURE-LANCE LANCETS	
SULFADIAZINE.....	124	SURE COMFORT INSULIN		26G.....	86
sulfamethoxazole-trimethoprim		SYRINGE/U-100/1ML/30G X		SURE-LANCE THIN LANCETS	
.....	10	1/2".....	104	28G.....	86
SULFAMYLON.....	60	SURE COMFORT INSULIN		SURE-LANCE ULTRA THIN	
sulfasalazine.....	70	SYRINGE/U-100/1ML/30G X		LANCETS.....	86
sulindac.....	5	5/16".....	104	SURE-PEN.....	86
SUMADAN WASH.....	56	SURE COMFORT INSULIN		SURE-TOUCH LANCETS	
sumatriptan.....	111	SYRINGE/U-100/1ML/31G X		UNIVERSAL.....	86
sumatriptan succinate.....	111,112	5/16".....	104	SURELITE LANCETS.....	86
sumatriptan-naproxen		SURE COMFORT LANCETS		SUSTIVA.....	46
sodium.....	110	18G.....	86	SUTENT.....	39
sunitinib malate.....	39	SURE COMFORT LANCETS		SYMBICORT.....	15
SUNOSI.....	2	21G.....	86	SYMFI.....	46
SUPER THIN LANCETS.....	86	SURE COMFORT LANCETS		SYMFI LO.....	46
SUPRAX.....	51	23G.....	86	SYMLINPEN 120.....	23
SUPREP BOWEL PREP KIT74		SURE COMFORT LANCETS		SYMLINPEN 60.....	23
SURE COMFORT INSULIN		28G.....	86	SYMTUZA.....	46
SYRINGE/U-100/0.3ML/29G X		SURE COMFORT LANCETS		SYNALAR.....	62
1/2".....	104	30G.....	86	SYNAREL.....	67
SURE COMFORT INSULIN		SURE COMFORT LANCING		SYNERA.....	63
SYRINGE/U-100/0.3ML/30G X		PEN.....	86	SYNJARDY.....	23
1/2".....	104	SURE-JECT INSULIN		SYNJARDY XR.....	23
SURE COMFORT INSULIN		SYRINGE/U-100/0.3ML/29G X		SYNRIBO.....	39
SYRINGE/U-100/0.3ML/30G X		1/2".....	104	SYNTHROID.....	125
1/2".....	104	SURE-JECT INSULIN		SYPRINE.....	113
SURE COMFORT INSULIN		SYRINGE/U-100/0.3ML/30G X		TABLOID.....	35
SYRINGE/U-100/0.3ML/30G X		5/16".....	104	TABRECTA.....	39
5/16".....	104	SURE-JECT INSULIN		TACLONEX.....	62
SURE COMFORT INSULIN		SYRINGE/U-100/0.3ML/31G X		tacrolimus.....	114
SYRINGE/U-100/0.3ML/31G X		5/16".....	104		
5/16".....	104	SURE-JECT INSULIN			
		SYRINGE/U-100/0.5ML/28G X			
		1/2".....	104		

tacrolimus (topical).....	63	TECHLITE INSULIN SYRINGEU-100/1ML/31G X 5/16".....	105	THERANATAL CORE NUTRITION.....	116
tadalafil.....	50	TECHLITE LANCETS.....	86	THINLETS GP LANCETS.....	87
tadalafil (pulmonary hypertension).....	50	TECHLITE LANCETS 30G.....	86	thioridazine hcl.....	44
TAFINLAR.....	39	TEFLARO.....	51	thiotepa.....	35
TAGAMET HB.....	126	TEGRETOL.....	18	thiothixene.....	44
TAKHZYRO.....	71	TEGRETOL-XR.....	18	THYMOGLOBULIN.....	114
TALZENNA.....	39	TEGSEDI.....	124	thyroid.....	125
TAMIFLU.....	48	TEKTURNA.....	32	tiagabine hcl.....	19
tamoxifen citrate.....	37	telmisartan.....	31	TIAZAC.....	49
tamsulosin hcl.....	71	telmisartan-amlodipine.....	32	TIBSOVO.....	39
TAPAZOLE.....	125	telmisartan-hydrochlorothiazide.....	32	TIGAN.....	26
TARCEVA.....	36	temazepam.....	73	tigecycline.....	124
TARGRETIN.....	39,58	TEMIXYS.....	46	TIKOSYN.....	13
TARKA.....	32	TEMODAR.....	35	timolol maleate.....	49
TASIGNA.....	39	TEMOVATE.....	62	timolol maleate (ophth).....	117
TASMAR.....	40	temozolomide.....	35	TIMOPTIC.....	117
tavaborole.....	58	temsirolimus.....	39	TIMOPTIC-XE.....	117
TAXOTERE.....	40	TENIPOSIDE.....	40	TIVICAY.....	46
TAYTULLA.....	52	TENIVAC.....	125	tizanidine hcl.....	116
tazarotene.....	59	tenofovir disoproxil fumarate.....	46	TOBI.....	3
TAZORAC.....	59	TENORETIC 100.....	32	TOBRADEX.....	119
TAZVERIK.....	39	TENORETIC 50.....	32	tobramycin.....	3
TDVAX.....	125	TENORMIN.....	48	tobramycin (ophth).....	118
TECFIDERA.....	123	TEPADINA.....	35	tobramycin sulfate.....	3
TECFIDERA STARTER PACK.....	123	terazosin hcl.....	31	tobramycin-dexamethasone.....	119
TECHLITE AST LANCETS.....	86	terbinafine hcl.....	27	TOBREX.....	118
TECHLITE INSULIN SYRINGEU-100/0.3ML/29G X 1/2".....	105	terbutaline sulfate.....	15	TODAY SPONGE.....	130
TECHLITE INSULIN SYRINGEU-100/0.3ML/30G X 1/2".....	105	terconazole vaginal.....	130	TODAYS HEALTH ADVANCED LANCING DEVICE.....	87
TECHLITE INSULIN SYRINGEU-100/0.3ML/30G X 5/16".....	105	TESSALON PERLES.....	54	TODAYS HEALTH SUPER THINLANCETS 30G.....	87
TECHLITE INSULIN SYRINGEU-100/0.3ML/31G X 5/16".....	105	TESTOSTERONE CYPIONATE.....	9	TODAYS HEALTH ULTRA THINLANCETS 28G.....	87
TECHLITE INSULIN SYRINGEU-100/0.5ML/29G X 1/2".....	105	testosterone cypionate.....	9	TOFRANIL.....	22
TECHLITE INSULIN SYRINGEU-100/0.5ML/30G X 1/2".....	105	testosterone enanthate.....	9	tolbutamide.....	25
TECHLITE INSULIN SYRINGEU-100/0.5ML/30G X 5/16".....	105	TETANUS/DIPHThERIA TOXOIDS-ADSORBED ADULT.....	125	tolcapone.....	40
TECHLITE INSULIN SYRINGEU-100/0.5ML/31G X 5/16".....	105	tetrabenazine.....	123	tolmetin sodium.....	5
TECHLITE INSULIN SYRINGEU-100/1ML/29G X 1/2".....	105	tetracycline hcl.....	125	TOLSURA.....	27
TECHLITE INSULIN SYRINGEU-100/1ML/30G X 1/2".....	105	TGT LANCET MICRO THIN 33G.....	86	tolterodine tartrate.....	127
TECHLITE INSULIN SYRINGEU-100/1ML/30G X 5/16".....	105	TGT LANCET THIN 26G.....	86	tolvaptan.....	68
TECHLITE INSULIN SYRINGEU-100/1ML/31G X 5/16".....	105	TGT LANCET ULTRA THIN 30G.....	86	TOPAMAX.....	18
		TGT LANCING DEVICE.....	86	TOPAMAX SPRINKLE.....	18
		THALOMID.....	113	TOPCARE LANCETS MICRO-THIN 33G.....	87
		theophylline.....	15	TOPCARE ULTRA COMFORT INSULIN SYRINGE/0.3ML/30G X 5/16".....	105

TOPCARE ULTRA COMFORT INSULIN SYRINGE/0.3ML/31G X 5/16"	105	TRELEGY ELLIPTA	15	TRUE COMFORT INSULIN SYRINGE/1ML/31G X 5/16"	106
TOPCARE ULTRA COMFORT INSULIN SYRINGE/0.5ML/30G X 5/16"	105	TRELSTAR MIXJECT	37	TRUE COMFORT PRO INSULINSYRINGE/0.5ML/30G X 5/16"	106
TOPCARE ULTRA COMFORT INSULIN SYRINGE/0.5ML/31G X 5/16"	105	TREMFYA	60	TRUE COMFORT PRO INSULINSYRINGE/0.5ML/31G X 5/16"	106
TOPCARE ULTRA COMFORT INSULIN SYRINGE/1ML/30G X 5/16"	105	treprostinil	50	TRUE COMFORT PRO INSULINSYRINGE/1ML/30G X 5/16"	106
TOPCARE ULTRA COMFORT INSULIN SYRINGE/1ML/31G X 5/16"	105	TRESIBA	24	TRUE COMFORT PRO INSULINSYRINGE/1ML/31G X 5/16"	106
TOPCARE ULTRA COMFORT INSULIN SYRINGE/U-100/0.3ML/29G X 1/2"	106	TRESIBA FLEXTOUCH	24	TRUE COMFORT PRO INSULINSYRINGE/U-100/0.5ML/30G X 1/2"	106
TOPCARE ULTRA COMFORT INSULIN SYRINGE/U-100/0.5ML/29G X 1/2"	106	tretinoin	56	TRUE COMFORT PRO INSULINSYRINGE/U-100/1ML/30G X 1/2"	106
TOPCARE ULTRA COMFORT INSULIN SYRINGE/U-100/1ML/29G X 1/2"	106	tretinoin (chemotherapy)	39	TRUE METRIX BLOOD GLUCOSETEST STRIPS	64
TOPICORT	62	tretinoin microsphere	56	TRUE METRIX CONTROL SOLUTION LEVEL 3	87
topiramate	18,19	TREXALL	35	TRUEDRAW LANCING DEVICE	87
topotecan hcl	40	TREXIMET	110	TRUEPLUS INSULIN SYRINGE/U-100/0.3ML/29G X 1/2"	106
TOPROL XL	48	triamcinolone acetonide	54	TRUEPLUS INSULIN SYRINGE/U-100/0.3ML/30G X 5/16"	106
toremifene citrate	37	triamcinolone acetonide (mouth)	115	TRUEPLUS INSULIN SYRINGE/U-100/0.3ML/31G X 5/16"	106
TORISEL	39	triamcinolone acetonide (nasal)	117	TRUEPLUS INSULIN SYRINGE/U-100/0.5ML/28G X 1/2"	106
toremide	65	triamcinolone acetonide (topical)	62	TRUEPLUS INSULIN SYRINGE/U-100/0.5ML/29G X 1/2"	106
TOVIAZ	127	triamcinolone acetonide-dimethicone-silicone	62	TRUEPLUS INSULIN SYRINGE/U-100/0.5ML/30G X 5/16"	106
TRACLEER	50	triamterene	65	TRUEPLUS INSULIN SYRINGE/U-100/0.5ML/31G X 5/16"	106
tramadol hcl	7	triamterene & hydrochlorothiazide	65	TRUEPLUS INSULIN SYRINGE/U-100/1ML/28G X 1/2"	106
tramadol-acetaminophen	8	triazolam	73	TRUEPLUS INSULIN SYRINGE/U-100/1ML/29G X 1/2"	106
trandolapril	30	TRIBENZOR	32	TRUEPLUS INSULIN SYRINGE/U-100/1ML/30G X 1/2"	106
trandolapril-verapamil hcl	32	TRICARE	116	TRUEPLUS INSULIN SYRINGE/U-100/1ML/29G X 1/2"	106
TRANDOLAPRIL/VERAPAMIL HCL ER	32	TRICOR	29	TRUEPLUS INSULIN SYRINGE/U-100/1ML/30G X 1/2"	106
tranexamic acid	73	TRIDESILON	62	TRUEPLUS INSULIN SYRINGE/U-100/1ML/28G X 1/2"	106
TRANSDERM SCOP	26	trientine hcl	113	TRUEPLUS INSULIN SYRINGE/U-100/1ML/29G X 1/2"	106
TRANSDERM-SCOP	26	trifluoperazine hcl	44	TRUEPLUS INSULIN SYRINGE/U-100/1ML/30G X 1/2"	106
TRANXENE T	13	trifluridine	118	TRUEPLUS INSULIN SYRINGE/U-100/1ML/28G X 1/2"	106
tranylcypromine sulfate	20	trihexyphenidyl hcl	40	TRUEPLUS INSULIN SYRINGE/U-100/1ML/29G X 1/2"	106
TRAVATAN Z	120	TRIJARDY XR	23	TRUEPLUS INSULIN SYRINGE/U-100/1ML/30G X 1/2"	106
TRAVEL LANCETS 30G	87	TRIKAFTA	124	TRUEPLUS INSULIN SYRINGE/U-100/1ML/28G X 1/2"	106
TRAVEL LANCETS ADVANCED 28G	87	TRILEPTAL	19	TRUEPLUS INSULIN SYRINGE/U-100/1ML/29G X 1/2"	106
travoprost	120	TRILIPIX	29	TRUEPLUS INSULIN SYRINGE/U-100/1ML/30G X 1/2"	106
trazodone hcl	22	trimethobenzamide hcl	26	TRUEPLUS INSULIN SYRINGE/U-100/1ML/28G X 1/2"	106
TREANDA	35	trimethoprim	10	TRUEPLUS INSULIN SYRINGE/U-100/1ML/29G X 1/2"	106
TRECATOR	34	trimipramine maleate	22	TRUEPLUS INSULIN SYRINGE/U-100/1ML/30G X 1/2"	106
		TRINTELLIX	22		
		TRIOSTAT	125		
		TRIUMEQ	46		
		TRIZIVIR	46		
		tropicamide	118		
		trospium chloride	127		
		TRUE COMFORT INSULIN SYRINGE/0.5ML/31G X 5/16"	106		

TRUEPLUS INSULIN			
SYRINGE/U-100/1ML/31G X			
5/16"	106		
TRUEPLUS LANCETS 26G	87		
TRUEPLUS LANCETS 28G	87		
TRUEPLUS LANCETS 28G			
SUPER THIN	87		
TRUEPLUS LANCETS 30G	87		
TRUEPLUS LANCETS 30G			
ULTRA THIN	87		
TRUEPLUS LANCETS 33G	87		
TRUEPLUS LANCETS 33G			
MICRO THIN	87		
TRUEPLUS SAFETY LANCETS			
28G	87		
TRUETRACK TEST	64		
TRULICITY	24		
TRUMENBA	128		
TRUSOPT	120		
TRUSTEX COLOR CONDOMS +			
LUBE	76		
TRUSTEX LUBRICATED	76		
TRUSTEX LUBRICATED			
EXTRALARGE	76		
TRUSTEX LUBRICATED			
EXTRASTRENGTH	76		
TRUSTEX			
LUBRICATED/RIBBED/STUDDE			
D	76		
TRUSTEX			
LUBRICATED/SPERMICIDE			
	76		
TRUSTEX			
LUBRICATED/SPERMICIDE			
EXTRA LARGE	76		
TRUSTEX			
LUBRICATED/SPERMICIDE			
EXTRA STRENGTH	76		
TRUSTEX NATURAL			
CONDOMS			
+LUBE/LUBRICATED	76		
TRUSTEX WITH NONOXYNOL-			
9/RIBBED/STUDD	76		
TRUSTEX/RIA			
LUBRICATED	76		
TRUSTEX/RIA LUBRICATED			
SPERMICIDE	76		
TRUSTEX/RIA			
LUBRICATED/SPERMICIDE			
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TRUVADA	46		
TUKYSA	36		
TURALIO	39		
TUZISTRA XR	55		
TWINRIX	130		
TWIRLA	53		
TWYNSTA	32		
TYBLUME	52		
TYBOST	46		
TYGACIL	124		
TYKERB	39		
TYLENOL/CODEINE #3	8		
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TYMLOS	66		
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UDENYCA	73		
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ULTICARE INSULIN SAFETY			
SYRINGE/1ML/29G X			
1/2"	106		
ULTICARE INSULIN			
SYRINGE/0.3ML/29G X			
1/2"	106		
ULTICARE INSULIN			
SYRINGE/0.3ML/30G X			
1/2"	106		
ULTICARE INSULIN			
SYRINGE/0.3ML/30G X			
5/16"	107		
ULTICARE INSULIN			
SYRINGE/0.5ML/28G X			
1/2"	107		
ULTICARE INSULIN			
SYRINGE/0.5ML/29G X			
1/2"	107		
ULTICARE INSULIN			
SYRINGE/0.5ML/30G X			
1/2"	107		
ULTICARE INSULIN			
SYRINGE/0.5ML/30G X			
5/16"	107		
ULTICARE INSULIN			
SYRINGE/1ML/28G X			
1/2"	107		
ULTICARE INSULIN			
SYRINGE/1ML/29G X			
1/2"	107		
ULTICARE INSULIN			
SYRINGE/1ML/30G X			
1/2"	107		
ULTICARE INSULIN			
SYRINGE/1ML/30G X			
5/16"	107		
ULTICARE INSULIN			
SYRINGE/SHORT/0.3ML/30G X			
5/16"	107		
ULTICARE INSULIN			
SYRINGE/SHORT/0.3ML/31G X			
5/16"	107		
ULTICARE INSULIN			
SYRINGE/SHORT/0.5ML/30G X			
5/16"	107		
ULTICARE INSULIN			
SYRINGE/SHORT/0.5ML/31G X			
5/16"	107		
ULTICARE INSULIN			
SYRINGE/SHORT/1ML/30G X			
5/16"	107		
ULTICARE INSULIN			
SYRINGE/SHORT/1ML/31G X			
5/16"	107		
ULTICARE INSULIN			
SYRINGE/U-100/0.3ML/30G X			
1/2"	107		
ULTICARE INSULIN			
SYRINGE/U-100/0.3ML/31G X			
5/16"	107		
ULTICARE INSULIN			
SYRINGE/U-100/0.5ML/30G X			
1/2"	107		
ULTICARE INSULIN			
SYRINGE/U-100/0.5ML/31G X			
5/16"	107		
ULTICARE INSULIN			
SYRINGE/U-100/1ML/30G X			
1/2"	107		
ULTICARE INSULIN			
SYRINGE/U-100/1ML/31G X			
5/16"	107		
ULTICARE INSULIN			
SYRINGEULTRAFINE U-			
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ULTICARE INSULIN			
SYRINGEULTRAFINE U-			
100/0.5ML/31G X 5/16"	107		
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ULTIGUARD SAFEPACK			
INSULIN SYRINGE 1/2ML 30G X			
1/2"/SHARPS C	107		
ULTIGUARD SAFEPACK			
INSULIN SYRINGE 1ML 30G X			
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VIDEXPEDIATRIC	46	water for irrigation, sterile	114	WEEKLY	37
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VIGAMOX	118	WELLBUTRIN SR	20	XTANDI	37
VIIBRYD	22	WELLBUTRIN XL	20	XULTOPHY 100/3.6	23
VIIBRYD STARTER PACK	22	WESTAB PLUS	116	XYLOCAINE	74
VIMPAT	19	WESTHROID	125	XYLOCAINE-MPF	74
vincristine sulfate	40	WIDE-SEAL SILICONE		XYREM	122
vinorelbine tartrate	40	DIAPHRAGM KIT 60	76	XYZAL ALLERGY 24HR	28
VIRACEPT	46	WIDE-SEAL SILICONE		XYZAL ALLERGY 24HR	
VIRAMUNE	46	DIAPHRAGM KIT 65	76	CHILDRENS	28
VIRAMUNE XR	46	WIDE-SEAL SILICONE		YASMIN 28	52
VIREAD	46	DIAPHRAGM KIT 70	76	YAZ	52
VISTARIL	12	WIDE-SEAL SILICONE		YERVOY	36
VISTOGARD	25	DIAPHRAGM KIT 75	76	YONSA	37
VITAMIN D2	131	WIDE-SEAL SILICONE		ZADITOR	120
VITATHELY/GINGER	116	DIAPHRAGM KIT 80	76	zafirlukast	14
VITRAKVI	39	WIDE-SEAL SILICONE		zaleplon	73
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VIVAGUARD LANCING		WIDE-SEAL SILICONE		ZANAFLEX	116
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VIVITROL	25	DIAPHRAGM KIT 95	76	STRENGTH	126
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VOL-PLUS	116	XALATAN	120	ZARXIO	73
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VOSEVI	47	XARELTO	15	ZELBORAF	39
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VYNDAMAX	51	XELODA	35	ZERVIAE	120
VYNDAQEL	51	XENAZINE	123	ZESTORETIC	32
VYTORIN	29	XEOMIN	117	ZESTRIL	30
VYVANSE	1	XGEVA	66	ZETIA	30
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TRAVELLANCETS 28G	88	XIGDUO XR	23	SYRINGE/0.5ML/30G X	
WALGREENS COMFORT		XOLAIR	13	1/2"	110
ASSUREDLANCETS MICRO		XOPENEX	15	ZEVXR INSULIN	
THIN/33G	88	CONCENTRATE	15	SYRINGE/0.5ML/30G X	
WALGREENS COMFORT		XOPENEX HFA	15	5/16"	110
ASSUREDLANCETS SUPER		XOSPATA	39	ZEVXR INSULIN	
THIN/28G	88	XPOVIO 100 MG ONCE		SYRINGE/1ML/30G X 1/2"	110
WALGREENS LANCETS	88	WEEKLY	37	ZEVXR INSULIN	
WALGREENS THIN		XPOVIO 60 MG ONCE		SYRINGE/1ML/30G X	
LANCETS	88	WEEKLY	37	5/16"	110
WALGREENS ULTRA THIN		XPOVIO 80 MG ONCE		ZIAC	32
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ZITHROMAX Z-PAK.....	75
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ZOFRAN.....	26
ZOHYDRO ER.....	7
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ZOLEDRONIC ACID.....	66
zoledronic acid.....	66
ZOLINZA.....	39
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ZOLOFT.....	21
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ZOMACTON.....	66
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Statement of Non-Discrimination

Ambetter of Illinois insured by Celtic Insurance Company complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Ambetter of Illinois insured by Celtic Insurance Company does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Ambetter of Illinois insured by Celtic Insurance Company:

- 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
 - Information written in other languages

If you need these services, contact Ambetter of Illinois insured by Celtic Insurance Company at 1-855-745-5507 (TTY/TDD 1-844-517-3431).

If you believe that Ambetter of Illinois insured by Celtic Insurance Company has 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: Ambetter of Illinois insured by Celtic Insurance Company, Attn: Appeals and Grievances, PO Box 733 Elk Grove Village, IL 60009-0733, 1-855-745-5507 (TTY/TDD 1-844-517-3431), Fax 1-833-886-7956. You can file a grievance by mail or fax. If you need help filing a grievance, Ambetter of Illinois insured by Celtic Insurance Company is available to help you. 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 or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, 1-800-368-1019, 800-537-7697 (TDD).

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

Spanish:	Si usted, o alguien a quien está ayudando, tiene preguntas acerca de Ambetter of Illinois insured by Celtic Insurance Company, tiene derecho a obtener ayuda e información en su idioma sin costo alguno. Para hablar con un intérprete, llame al 1-855-745-5507 (TTY/TDD 1-844-517-3431).
Polish:	Jeżeli ty lub osoba, której pomagasz, macie pytania na temat Ambetter of Illinois insured by Celtic Insurance Company, macie prawo poprosić o bezpłatną pomoc i informacje w języku ojczystym. Aby skorzystać z pomocy tłumacza, zadzwoń pod numer 1-855-745-5507 (TTY/TDD 1-844-517-3431).
Chinese:	如果您，或是您正在協助的對象，有關於 Ambetter of Illinois insured by Celtic Insurance Company 方面的問題，您有權利免費以您的母語得到幫助和訊息。如果要與一位翻譯員講話，請撥電話 1-855-745-5507 (TTY/TDD 1-844-517-3431)。
Korean:	만약 귀하 또는 귀하가 돕고 있는 어떤 사람이 Ambetter of Illinois insured by Celtic Insurance Company 에 관해서 질문이 있다면 귀하는 그러한 도움과 정보를 귀하의 언어로 비용 부담없이 얻을 수 있는 권리가 있습니다. 그렇게 통역사와 얘기하기 위해서는 1-855-745-5507 (TTY/TDD 1-844-517-3431) 로 전화하십시오.
Tagalog:	Kung ikaw, o ang iyong tinutulungan, ay may mga katanungan tungkol sa Ambetter of Illinois insured by Celtic Insurance Company, may karapatan ka na makakuha nang tulong at impormasyon sa iyong wika ng walang gastos. Upang makausap ang isang tagasalin, tumawag sa 1-855-745-5507 (TTY/TDD 1-844-517-3431).
Arabic:	إذا كان لديك أو لدى شخص تساعد أسئلة حول Ambetter of Illinois insured by Celtic Insurance Company، لديك الحق في الحصول على المساعدة والمعلومات الضرورية بلغتك من دون أية تكلفة. للتحدث مع مترجم اتصل بـ 1-855-745-5507 (TTY/TDD 1-844-517-3431).
Russian:	В случае возникновения у вас или у лица, которому вы помогаете, каких-либо вопросов о программе страхования Ambetter of Illinois insured by Celtic Insurance Company вы имеете право получить бесплатную помощь и информацию на своем родном языке. Чтобы поговорить с переводчиком, позвоните по телефону 1-855-745-5507 (TTY/TDD 1-844-517-3431).
Gujarati:	જે તમને અથવા તમે જેમની મદદ કરી રહ્યા હોય તેમને, Ambetter of Illinois insured by Celtic Insurance Company વધુ કોઈ પ્રશ્ન હોય તો તમને, કોઈ ખર્ચ વગર તમારી ભાષામાં મદદ અને માહિતી પ્રાપ્ત કરવાનો અધિકાર છે. ધુભાવણા સાથે વાત કરવા માટે 1-855-745-5507 (TTY/TDD 1-844-517-3431) ઉપર કોલ કરો.
Urdu:	اگر Ambetter of Illinois insured by Celtic Insurance Company کے بارے میں آپ، یا جن کی آپ مدد کر رہے ہیں ان کے سوالات ہوں تو، آپ کو بلامعاوضہ اپنی زبان میں مدد اور معلومات حاصل کرنے کا حق ہے۔ کسی مترجم سے بات کرنے کے لیے، 1-855-745-5507 (TTY/TDD 1-844-517-3431) پر کال کریں۔
Vietnamese:	Nếu quý vị, hay người mà quý vị đang giúp đỡ, có câu hỏi về Ambetter of Illinois insured by Celtic Insurance Company, quý vị sẽ có quyền được giúp và có thêm thông tin bằng ngôn ngữ của mình miễn phí. Để nói chuyện với một thông dịch viên, xin gọi 1-855-745-5507 (TTY/TDD 1-844-517-3431).
Italian:	Se lei, o una persona che lei sta aiutando, avesse domande su Ambetter of Illinois insured by Celtic Insurance Company, ha diritto a usufruire gratuitamente di assistenza e informazioni nella sua lingua. Per parlare con un interprete, chiami il 1-855-745-5507 (TTY/TDD 1-844-517-3431).
Hindi:	आप या जिसकी आप मदद कर रहे हैं उनके, Ambetter of Illinois insured by Celtic Insurance Company के बारे में कोई सवाल हों, तो आपको बिना किसी खर्च के अपनी भाषा में मदद और जानकारी प्राप्त करने का अधिकार है। किसी दुभाषिये से बात करने के लिए 1-855-745-5507 (TTY/TDD 1-844-517-3431) पर कॉल करें।
French:	Si vous-même ou une personne que vous aidez avez des questions à propos d'Ambetter of Illinois insured by Celtic Insurance Company, vous avez le droit de bénéficier gratuitement d'aide et d'informations dans votre langue. Pour parler à un interprète, appelez le 1-855-745-5507 (TTY/TDD 1-844-517-3431).
Greek:	Εάν εσείς ή κάποιος που βοηθάτε, έχετε ερωτήσεις σχετικά με την Ambetter of Illinois insured by Celtic Insurance Company, έχετε το δικαίωμα να ζητήσετε βοήθεια και πληροφορίες στη γλώσσα σας, χωρίς χρέωση. Για να μιλήσετε με διερμηνέα, καλέστε το 1-855-745-5507 (TTY/TDD 1-844-517-3431).
German:	Falls Sie oder jemand, dem Sie helfen, Fragen zu Ambetter of Illinois insured by Celtic Insurance Company hat, haben Sie das Recht, kostenlose Hilfe und Informationen in Ihrer Sprache zu erhalten. Um mit einem Dolmetscher zu sprechen, rufen Sie bitte die Nummer 1-855-745-5507 (TTY/TDD 1-844-517-3431) an.